Child Protection Standards in Ontario

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Child Protection Standards in Ontario

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INTRODUCTION

The purpose of the ***Child Protection Standards in Ontario*** (dated February 2007) is to promote consistently high quality service delivery to children, youth and their families receiving child protection services from Children's Aid Societies across the province. The new standards are the mandatory framework within which these services will be delivered. They establish a minimum level of performance for child protection workers, supervisors and Children's Aid Societies, and create a norm that reflects a desired level of achievement. The standards will provide the baseline for demonstrating the level of performance within the ministry's overall accountability framework for child welfare.

The standards are the vehicle through which the new Differential Response Model in Ontario is being implemented and will be delivered.

Goals of the New Differential Response Model of Child Protection Service:

- to maintain a strong focus on child safety, well-being and permanence
- to provide more case-sensitive, customized responses for referrals of non-severe situations
- to strengthen assessment and decision-making by implementing:
  - a family-centred team decision making model
  - "next generation" clinical tools
  - specialized supplementary screening tools
- to integrate the use of clinical tools with a broader clinical focus
- to increase the emphasis on engaging children and families in service
- to build on existing strengths and increase families' capacity
- to involve a wider range of informal and formal supports in service planning and provision.

The model supports two approaches to an investigation:

- the "traditional" approach for cases where a criminal assault is alleged against a child and/or for extremely severe cases
- the "customized" and more collaborative approach for lower risk cases.

The customized approach provides child protection workers with a more flexible range of options that will more accurately meet the unique needs of children and their families, and ensure the safety of the child. The model promotes a strengths-based approach to service delivery and encourages engagement of the child, family and their support system in decision making and service planning. It must be emphasized that client engagement is not an end, but rather a means of effectively assessing and securing the safety of the child.

The Ontario Differential Response Model integrates the art and science of child protection service by bringing together "next generation" child protection clinical tools and "state of the art" standards and practices from across the world.

Child Protection Standards in Ontario

These standards guide the child protection practitioner in his/her practice at each phase of service delivery, starting from the receipt of a report and eligibility determination, and through the investigative phase of service, service planning, ongoing case management, case transfer, and finally termination/completion of child protection services. The final standard focuses on the process of supervision that occurs throughout all of the phases of service.

The standards are organized to describe the activities that are required during distinct phases of child protection service, but do not prescribe how Children's Aid Societies will organize or structure their staff to provide the service. Thus one agency may choose to have one child protection worker provide service throughout all of the phases of service, while another may decide to have specialists that correspond to one or more of the phases (e.g., telephone screener, community service link specialist, investigator, and ongoing worker).

Reason for Revising the Standards and Implementing New Clinical Tools

In 2003, the final report resulting from an extensive evaluation of child welfare services in Ontario was released. The report made a number of recommendations for improvements to the child welfare system that would result in better outcomes for children, and be fiscally sustainable over time. In 2004 the Ministry of Children and Youth Services created the Child Welfare Secretariat, a multi-disciplinary team of ministry and Children's Aid Society experts. The role of the Secretariat was to develop or revise policy and amend legislation in order to bring the evaluation recommendations to life, and to transform child welfare service delivery in the province. The implementation of a Differential Response Model in Ontario is one component of this overall child welfare transformation.

How the Tools and Standards Were Developed

Child welfare is a dynamic and continually evolving field of practice that has in recent years been the focus of extensive research and evaluation across the world. Significant child welfare reform in Ontario took place in 2000, when the *Ontario Risk Assessment Model* (ORAM) was implemented. Although the Ontario Risk Assessment was a "state of the art" clinical tool at the time, subsequent research has resulted in child protection being increasingly able to implement evidence-based clinical tools and interventions that research has demonstrated result in better safety and well-being outcomes for children. These developments provide an opportunity to replace the Ontario Risk Assessment by "next generation" assessments that have improved validity and reliability.

Differential response models (also known as alternative response and multiple response models) have been implemented in more than half of the states in the United States of America, parts of Australia, and in the Canadian provinces of British Columbia and Alberta. The development of the Ontario Differential Response model began with a comprehensive review of the evaluations of a large number of these existing models. It included an on-site visit to North Carolina to view first-hand a differential response model that is already in operation and has undergone a preliminary evaluation.

The Child Welfare Secretariat selected the components of these models that appeared to be most effective, were compatible with existing Ontario legislation, and seemed most likely to meet the needs of children and families in Ontario. They then integrated these components into a proposed Ontario Differential Response Model. The new model underwent an extensive consultation process, with presentations and feedback taking place in six locations spanning the entire province. Native Children's Aid Societies were represented throughout, especially in the sessions conducted in northern Ontario.

The subsequent development of new standards also entailed a comprehensive review of child protection policies and procedures in other jurisdictions, with a particular focus on those that have implemented differential response models of service. A focus group of Service Directors from several Children's Aid Societies provided feedback throughout the process of development of the standards.

To assist in the implementation of the Differential Response Model and the Ontario *Child Protection Standards*, the Ministry of Children and Youth Services has selected for implementation a set of well-researched and evaluated tools that comprise the Ontario Child Protection Decision Making Model. These new tools provide enhanced support to the differential provision of services. Providing services differentially is dependent upon the ability to accurately determine the type and intensity of service that each child and family requires. The system needs to be able to identify children who are at

greatest risk of future maltreatment, and also to accurately assess the strengths and needs of children and families.

The Structured Decision-Making™ (SDM) model was developed by the Children's Research Center in Wisconsin USA. The process of selection of required clinical tools began with a review of available research/evaluations, and led to a consultation in Toronto with the Wisconsin Children's Research Center. The consultation included members of the Child Welfare Secretariat, senior management representatives from several Children's Aid Societies, and researchers from two local universities.

Subsequently the Bell Canada Child Welfare Research Centre, Faculty of Social Work, University of Toronto conducted a test drive to review the proposed tools and provide feedback regarding their utility for Ontario child welfare, and recommendations for their improvement. This "test drive" entailed focus group consultations with 95 child protection workers from Children's Aid Societies across the province. In addition, as the Ontario adaptation of the tools evolved, two focus groups were brought together to provide feedback regarding the almost finished tools; one with representatives of Children's Aid Societies who are members of the Ontario Association of Children's Aid Societies, and the other with members of the Association of Native Child & Family Services Agencies of Ontario.

The process of development of the Differential Response Model, standards, and clinical tools, included ongoing consultation with the Child Welfare Transformation Advisory Committee and the Differential Response Reference Group.

Language of the Standards

The standards have been written in a manner that clearly articulates minimum expectations with respect to the delivery of service by child protection workers, without using authoritative phrases such as "you must", or "deviate". It is meant to reflect a shift in the culture or philosophy of service provision toward more collaborative, strengths-based approaches.

In this document, the terms "child" ,"parent", "caregiver", and "guardian" also include "children", "parents", "caregivers", and "guardians" where the plural is appropriate.

Where this manual refers to outside source documents which use gender specific language, it is intended that the suggested practices be considered in all cases, regardless of the gender of the client.

Format of the Standards

Each standard includes the following sections:

- *Standard:* outlines the specific tasks or activities that are performed by the child protection worker. **The standard will provide the baseline for measuring the level of performance within the ministry's overall accountability framework for child welfare.**
- *Intent:* articulates the rationale for the standard.
- *Outcome:* articulates the desired outcomes for children and families specifically related to each standard.
- *Practice Notes:* focus on how the standard is achieved by explaining in more detail the activities and/or concepts required by the standard. The notes include factors that are considered in the analysis that is required when making case decisions specific to each standard. **It is not intended that the practice notes are used for measuring the level of performance/ accountability.**

- *References:* include references to relevant sections of the *Child and Family Services Act*, as well as to key research/literature that has informed the standards or practice notes. ***Note:*** *CFSA*, Ontario Regulation 206/00, "Procedures, Practices and Standards of Service for Child Protection Cases" is relevant to all the standards presented in this manual.
- *Case-Specific Considerations*: articulate practices or standards that may be different for specific case types and focus primarily on domestic violence and community caregiver (family-based and institutional) cases.
- *Definitions*: define major concepts contained in each standard.

Departures from the Standards

The primary focus of child protection service is always the safety and well-being of the child. It should be recognized however, that standards cannot anticipate all of the unique and often complex needs of every child in the province. These standards should always be applied in a manner that protects each child receiving service from Children's Aid Societies in Ontario, even if a departure from a standard is required to achieve that outcome. Departures from the standards for reasons beyond the control of the worker (e.g., the child and family are unavailable for interviews) are also acceptable if reviewed and approved by a supervisor. Workload needs to be managed in a manner that supports compliance with the standards and the provision of quality child protection services to children and families.

STANDARD #1.	RECEIPT OF A REPORT: COLLABORATING WITH THE COMMUNITY
Standard	All information received by a Children's Aid Society regarding concerns about a child is considered to be a potential referral. A report that a child may be in need of protection is given an immediate initial assessment by a child protection worker and is documented in the case file within 24 hours of its receipt. The following criteria are considered first: • whether the subject of the information is a child as defined in Part III of the *CFSA* • whether the child currently resides within the society's territorial jurisdiction. (If the child does not reside within the society's territorial jurisdiction, the child protection worker refers the matter to the appropriate children's aid society.) When responding to a report that a child may be in need of protection, the child protection worker engages the person reporting in order to: • obtain a full and detailed report of the incident or condition that causes the person reporting to be concerned that a child may be in need of protection • obtain information about the functioning of the family and its individual members, particularly the child who is the subject of the concern • obtain information about the child and family's support network – relatives, extended family, or community members who may be potential supports for the child and the family • provide information about the reporter's ongoing duty to report • provide information about how the Children's Aid Society may respond to the report. All referrals are universally screened for the presence of domestic violence. Information is gathered from the person making the report and all sources of information that are immediately available, including: • the records of the Children's Aid Society receiving the report • the provincial database • if the reporter has alleged that a child may have suffered or be suffering abuse, The Ontario Child Abuse Register. The provincial database is searched to determine whether there is any record of contact between another Children's Aid Society and the child, any member of the child's family, and/or the alleged perpetrator, that may be relevant in determining whether or not there are reasonable and probable grounds to believe that the child is in need of protection.

Standard (continued)	Where the provincial database indicates there has been such previous contact by a Children's Aid Society, the relevant information from the database concerning the contact is included in the case record. The child protection worker also obtains the relevant detailed file information from the other Children's Aid Society prior to initiating contact with the subject family, or as soon as possible thereafter. The Ontario Child Abuse Register is searched to determine whether there is a record relating to the child, the family, or the alleged perpetrator of the abuse. The results of the search of the Ontario Child Abuse Register are documented on the case record within 3 days. All referrals are rated using a referral eligibility screening tool, showing the reason(s) for service. This Standard also applies to new referrals/reports/information about protection concerns received by a Children's Aid Society on a case that is currently receiving child protection service.
Intent	The purpose of gathering information about the alleged condition or incident, and about the child and family is to: • establish the validity and credibility of the report • inform decisions regarding the most appropriate response • design a customized child protection investigation • determine the timeframe for initiating a child protection investigation (based on urgency related to the immediate safety of the child). The child protection worker's ability to gather and assess detailed information about the incident or condition and comprehensive information about the child and family will inform subsequent decisions and set the direction for all other child protection or community services offered by the Children's Aid Society.
Outcomes	1. The Society has a thorough, comprehensive collection of relevant information including an accurate description of the reported incident or condition. 2. The Society has a beginning assessment of: • child and family functioning (current and historical) • immediate safety threats to the child • the need for child protection or community services. 3. The referral source: • understands the ongoing duty to report • is open to making subsequent reports. 4. Clients who have called with self-referrals have begun to be engaged with the Children's Aid Society. 5. All children who are exposed to domestic violence are screened for the need for child protection or community services.

Practice Notes
(Not intended for measuring the level of agency performance)

When a Report Concerns a Person Who Is Not a Child under the CFSA

The child protection worker may give information about where to call, (for example, to a central clearing house) but does not attempt a more specific referral.

Informing the Person Making the Report

The child protection worker:

- discusses with the person reporting the critical role that concerned community members have in protecting children
- asks if the reporter is open to being identified
- asks how the reporter has been or might be helpful to the family
- discusses the reporter's ongoing duty to report
- describes to the reporter how the Children's Aid Society may respond to his/her report, including options of no direct contact, telephone contact with information about helpful community services, or child protection investigation and timeframes
- discusses with the reporter the *CFSA* requirement for confidentiality, and assures the reporter that, although he/she may not receive a direct report back from the Children's Aid Society, the matter is being considered for one of the response options outlined above.

Obtaining Information from the Person Making the Report

The child protection worker obtains:

- identifying information of the referent
- identifying information about the child believed to be in need of protection, other children being cared for in the home, the child's parent/caregiver, and other adults living in the home
- identifying information of the person alleged to have caused the need for protection, if not a family member covered above
- the reason that the reporter believes that the child may be in need of protection, including the incident or situation that caused the person to make a report, the location and timing of the incident or the duration of the situation, physical evidence of abuse
- names and contact information for other witnesses
- the current location of the child and the parent/caregiver
- accessibility of the alleged perpetrator to the alleged victim
- the family's primary language
- any relevant information about the family's culture, or religious practices
- information about any known occurrences of domestic violence in the home
- information about any concerns related to a family member's drug/alcohol/solvent use
- information about family's past involvement with a Children's Aid Society
- third party / collateral contacts
- Information about child's vulnerability /strengths / resiliency

Practice Notes (continued)	• information about family's risk and child protective factors
	• availability of and involvement with extended family or community resources
	• neighbourhood / community strengths (resources) and risks
	• any factors unique to the family situation
	• any factors that might affect the safety of a child protection worker going to the home. Factors to consider include:
	  • client is violent/hostile
	  • the situation involves family violence or a fatality
	  • family members exhibit behaviours that indicate mental illness
	  • family members are presently abusing or selling substances
	  • the family's geographic location is potentially dangerous
	  • someone in the home has a previous history of violence or possesses a fire arm
	  • the family is known to have a dangerous pet
	  • family members have gang affiliation

Case-Specific Considerations (Not intended for measuring the level of agency performance)	***Domestic Violence*** All referrals are universally screened for the presence of domestic violence. A referral in which the only allegation is exposure to domestic violence does not in itself meet the definition of a child in need of protection under the Child and Family Services Act. When receiving a report regarding domestic violence, the primary focus is on gathering information and assessing how the violence has resulted in, or is raising the risk of abuse or neglect as defined in the *CFSA*. Summarizing a review of the literature, Jeffrey L. Edleson in "Should Childhood Exposure to Adult Domestic Violence Be Defined as Child Maltreatment under the Law?"[1] indicates that: • adult domestic violence and child maltreatment co-occur in families • children in homes where domestic violence occurs are at greater risk of being maltreated • children exposed to adult domestic violence are *sometimes* at risk for developing behavioural, emotional, cognitive and attitudinal problems • children who both suffer physical abuse and witness domestic violence are impacted more severely • many children who are exposed to domestic violence do not develop problems or are abused. The research is not yet able to indicate which children are safe, which children will develop problems, or which children will recover quickly, nor why. It is important for the child protection worker receiving a referral to enquire about: • the degree to which a child is involved in violent events • the level of child maltreatment and emotional harm

Case-Specific Considerations (continued)

Community Caregiver Investigations

Referral information regarding a foster home or other family-based setting receiving service or support from the Children's Aid Society is provided immediately to the worker responsible for oversight of the home and to the child's worker. Referral information regarding a child in other residential settings is provided immediately to the child's worker and the Children's Aid Society resource department.

Obtaining Information from the Person Making the Report

Additional information is required when receiving referrals involving community caregivers, including:

- name, address and role or relationship of the person reporting, to the alleged victim and the residential setting or family-based setting
- information about the community caregiver's own children (if applicable)
- whether the manager/supervisor of the setting has been notified of the incident/condition and any action that has been taken
- identifying information for the alleged victim and other children being cared for in the setting, including names and addresses of:
  - parent/caregiver/guardian of the child
  - where applicable, the Children Aid Society having custody of the child and contact information for the child's worker
  - contact information for other children who are alleged victims who no longer reside in the facility
  - contact information for the facility director or administrator or supervising Children's Aid Society.

Gathering Additional Information Related to a Report

In addition to a search of the provincial database and the Ontario Child Abuse Register as required in Standard #1, the child protection worker obtains:

- the resource file (if one exists in the agency)
- the child's history, family history, disorders/disabilities, behaviour and history of allegations
- any other information available from records or other staff in the agency who have knowledge of the facility.

Opening a File

- Any referral with allegations about a community caregiver (family-based or institutional) is designated as such on the agency database.
- A referral with protection concerns about a family-based setting is opened in the same manner as any other family protection file.
- All children being cared for in the home (including the community caregiver's children) are listed.
- In institutional settings, the person alleged to have caused the reason for protection is considered to be the primary caregiver.

Case-Specific Considerations (continued)	• The facility or institution is considered to be the secondary caregiver. • Where there is a family file open, community caregiver files are cross-referenced with the protection files of any child who is an alleged victim, and his or her family of origin.
References	*CFSA*, section 15.3(a) (Function of a society to investigate allegations) 1. Edleson, Jeffrey L. "Should Childhood Exposure to Adult Domestic Violence Be Defined as Child Maltreatment under the Law?" In Jaffe, P.G., L.L. Baker, & A. Cunningham (Eds.). *Protecting Children from Domestic Violence: Strategies for Community Intervention*. New York, NY: Guilford Press, 2004.
Definitions	**Child Protection Worker** Part III of the *Child and Family Services Act* defines a child protection worker as a person who has been authorized by a Director or local director as a person who may apprehend children. **Community Caregiver** Anyone providing care to a child in an out-of-home setting. For the purposes of these standards, there are two categories of community caregivers: **Community Caregivers in Family-Based, Out-of-Home Settings** Any child care setting that is within the context of a family, such as: • homes of babysitters • Foster Homes • Kinship Care/Service homes • Day Care homes • Customary Care Homes. **Community Caregivers in Institutional Out-of-Home Settings** Any non-family-based setting such as: • daycare centres • group homes • schools (and other school facilities such as a school bus) • religious organizations and institutions • sports, cultural or recreational organizations. **Domestic Violence** For the purposes of these standards, domestic violence is defined as: Conflict characterized by violent or abusive behaviours, which occurs within the child's home environment. Domestic violence includes but is not limited to partner violence. The violence occurs between the child's parent/primary caregiver and any other adult who resides in or frequents the home. This may

Definitions (continued)	include the mother's partner, adult relative, boarder, or anyone else who has a relationship with the family. The frequency and severity (intensity) of violence can range from homicide or a single very serious incident resulting in injuries that require hospitalization, to a pattern of less serious physical violence (e.g., slapping, pushing) and/or a pattern of verbal abuse, threats of harm or criminal harassment. **Out-of-Home Care** Out-of-home settings are situations where the child is being cared for by a substitute caregiver outside of his or her usual place of residence. **Partner Violence** Domestic violence literature has identified two forms of partner violence. One form, commonly called "woman abuse" is predominantly perpetrated by men and experienced by women. It is motivated by a need to control and is characterized by progressively more frequent and severe physical violence and/or emotional abuse, economic subordination, threats, isolation and other forms of control. Domestic violence which occurs between partners either of whom may be the instigator (bi-directional) is more prevalent. It generally occurs in the form of marital conflict as a result of stresses experienced by families in general. It can involve a pattern of intermittent verbal altercations and/or sporadic occurrences of relatively minor physical violence.

STANDARD #2.	DISPOSITION OF THE REFERRAL: DETERMINING THE MOST APPROPRIATE RESPONSE
Standard	**Referral Disposition** Every situation where there has been an allegation that a child may be in need of protection is immediately assessed. The child protection worker: • uses a referral eligibility screening tool in combination with other available information about the child and family to determine the most appropriate referral disposition • analyzes and weighs the rating derived from the tool with information about the child's vulnerability and the child and family's needs and protective capacities • considers whether the child and family require child protection or community based services • makes a decision regarding the most appropriate response. The referral dispositions include: • open for child protection or other child welfare service • "community link" service for families in the community (as defined in the Practice Notes) • "non-protection report" for concerns about community caregivers of children in Children's Aid Society care placed in out-of-home settings • no direct client contact. Where information about a child and his/her family is limited to the reported incident or condition, a referral eligibility screening tool is the primary decision making aide in determining the most appropriate referral disposition and cases that are rated above the intervention line are opened for investigation. When information is available about the child's vulnerability and the family's strengths and needs, risk indicators and protective capacity, an assessment of all available information including the rating on a referral eligibility screening tool of the reported incident/condition, will result in a referral disposition decision that will most accurately meet the needs of the child (for safety) and the family (for supports that build their protective capacity). When the alleged perpetrator is a community caregiver, the child protection standards apply to the protection investigation regarding that caregiver, but not to the child and his or her family, unless there is reason to believe that the parent/caregiver failed to protect the child or there are other protection concerns. **Referrals That Do Not Require Protection Investigations:** • reports of a minor injury resulting from a physical restraint in an institutional setting, unless there are surrounding circumstances that would indicate abusive or neglectful behaviour by the care provider

Standard (continued)

- referrals regarding a child fatality as a result of suspected abuse or neglect, where there are no surviving siblings or other children cared for in the home
- referrals in which the only allegation is exposure to domestic violence where the violence has not resulted in:
  - abuse and/or neglect as defined in the *CFSA*
  - risk of such abuse or neglect

(Refer to Practice Notes for additional details.)

A "non-protection report" about the care of a child in Children's Aid Society out-of-home care is not subject to child protection standards. For assessing these cases, Children's Aid Societies will have policies and procedures which minimally include:

- designation of the person responsible for the assessment
- establishment of response time
- process and practice expectations
- completion time
- documentation requirements.

Response Time

When a child protection investigation is the most appropriate response, a decision about when the investigation is to be initiated is made by the worker receiving the referral. The response time is determined by the level of urgency or the assessed level of present or imminent threat to the safety of a child. An investigation is initiated:

- within twelve (12) hours for families in the community, as well as family-based and institutional community caregiver investigations if there is imminent threat to the safety of a child or when physical evidence is at risk of being lost due to a delay
- within seven (7) days for family-based investigations where no immediate safety threats are identified
- within forty-eight (48) hours for community caregiver institutional investigations where no immediate safety threats are identified.

When there is an open child protection file and a new referral or additional information is received, the information is provided to the responsible worker on the same working day (or next working day by an after-hours worker).

Consultation or review with a supervisor regarding the disposition of a referral and the response time decision is optional. The consultation occurs at the discretion of the worker and/or supervisor, based on the level of knowledge and skill of the worker and the risk and complexity of the referral. Consultation is documented in the case file.

Standard (continued)	• Within 24 hrs:
	  • the Referral/ Report/ information is recorded
	  • the disposition decision and response time decision for investigations, and the supporting reasons, are documented.
	
	• Within 3 days:
	  • the results of a check with the Child Abuse Register are documented.
	
	• Within 7 days:
	  • a "community link" service including nature of service provided, new information obtained from/about the child and family, and rationale for closing the case or initiating an investigation, is recorded.
	
	If factual information is received after the response decision has been made but prior to the first face-to-face contact with the child, and that information indicates that there are no longer any reasonable and probable grounds to suspect that the child may be in need of protection, the response decision may be changed and the investigation discontinued. The decision not to proceed with the investigation is approved by the Supervisor and documented in the case file.

Intent	When considering the appropriate response to an allegation that a child is in need of protection, the child protection worker considers all known information about the situation, including both factors that may be considered threatening for the child and those that may be considered protective. The *Eligibility Spectrum* assists in determining the severity of the incident or condition that has led the caller to believe that the child is in need of protection. The intervention line is not sufficient in and of itself to make a determination of whether or not a protection investigation will be initiated. The consideration of that incident within the context of broader information known about the child and family's functioning results in a more accurate, customized decision about the most appropriate response, based on the needs of the child and family.
Outcomes	1. Referral disposition decisions will meet the unique needs of children and families. 2. Families will access community-based prevention, early intervention, or treatment services as a result of having received the community link service. 3. Involvement with community services or resources (formal and informal) will reduce the risk of future maltreatment and the need for child protection services.
Practice Notes (Not intended for measuring the level of agency performance)	***Assessing the Child's Vulnerability*** A child may be considered highly vulnerable when he/she: • is less than 5 years of age • has a medical condition or a developmental disability

Practice Notes (continued)

- displays behaviours that may affect his/her immediate health or safety (e.g., recklessly endangers self or others, antagonizes someone who might hurt the child)
- has been reported to be both abused or neglected AND exposed to domestic violence.

Assessing the Protective Factors within the Child/Family or the Community

The child protection worker:

- considers the relationships and resources available to the child and his/her ability to access them
- determines whether there are circumstances or people that lessen the danger to the child (e.g., person who is suspected of endangering the child is out of the home; parent was not previously aware of concerns and is now prepared to protect child; there is another person who will protect the child)
- determines whether or not the child can access the protective factor (e.g., child is able and willing to tell the safe person when the child feels threatened; child can get to the safe person quickly)
- assesses the length of time the protective factor is likely to last (e.g., when the person suspected of endangering the child is likely to return).

Assessing Information Available from Reporter or Records

The child protection worker:

- reviews and analyzes all available information including that provided by the referral source, Children's Aid Society records, provincial data base, and all other sources
- assembles and clarifies the known facts regarding the incident or situation/condition that instigated the report and the *Eligibility Spectrum* rating of the level of severity
- analyzes and weighs the known strengths, safety threats and risk/vulnerability indicators related to the child and family.

Choosing the Most Appropriate Response

On the basis of an analysis of all available information, the child protection worker makes a decision regarding the referral disposition.

A) Open for Child Protection or Other Child Welfare Service

A child protection investigation disposition is chosen for any referral where there are reasonable and probable grounds that a child may be in need of protection including:

- all referrals where the reported incident or condition is rated as "extremely severe" on the *Eligibility Spectrum*

Practice Notes (continued)

- referrals where the reported incident or condition is rated as "moderately severe" on the *Eligibility Spectrum*, **unless** all available information indicates that there are no reasonable and probable grounds to believe that a child is in need of protection based on a combination of factors such as:
  - no current conditions and/or safety/risk factors indicating likelihood of maltreatment have been identified
  - no pattern of previous referrals with child protection concerns exists
  - no prior protection investigations where child protection concerns were verified are on record
  - no prior risk assessments with a rating of "high" or "very high" are on record
  - the child's vulnerability is currently low and/or the family has significant strengths, supports and child protective factors
- referrals where the reported incident or condition is rated as "minimally severe" on the *Eligibility Spectrum* **only if** there are reasonable and probable grounds to believe that a child may be in need of protection based on a combination of factors such as:
  - current conditions and/or safety/risk factors have been identified indicating likelihood of maltreatment
  - a pattern of previous referrals with child protection concerns
  - prior child protection investigations where child protection concerns were verified are on record
  - prior child protection investigations with an overall "high" or "very high" risk rating are on record
  - the child's vulnerability is currently high and/or the family lacks strengths, supports and child protective factors

Other child welfare services include non-protection services outlined in sections 6 to 10 of the *Eligibility Spectrum*.

NOTE: A protection investigation may not be necessary if the alleged perpetrator is deceased or has permanently left Canada, a criminal investigation is not required and there are no protection concerns about the child's parent/primary caregiver. If it appears that the child and parent/caregiver may require follow-up support or services a file may be opened as:

- a "community link service" and/or
- Section 6D in the *Eligibility Spectrum* "Family Requests Counselling", or
- Section 6F in the *Eligibility Spectrum* "Voluntary Request for Counselling"

B) "Community Link" Service

A "Community Link Service" disposition is chosen for:

- all cases rated as "minimally severe" on the *Eligibility Spectrum* not opened for investigation, with children less than 5 years of age.
- all cases where the reported incident or condition was rated as "moderately severe" on the *Eligibility Spectrum* which were not opened for an investigation

Practice Notes (continued)

- all family cases where the alleged perpetrator is a community caregiver where there is no indication that a parent/caregiver has failed to protect the child and there are no other child protection concerns
- case types identified by individual Children's Aid Societies through caseload analysis
- individual cases identified by child protection workers through clinical analysis and judgment.

For cases requiring a community link service:

- The child protection worker contacts the family by telephone and provides information about community early intervention, prevention or treatment services.
- Other methods of contact are utilized if the family does not have a telephone
- When required, the child protection worker provides assistance in linking families to these resources (e.g., referrals).
- Where the child is a Native person, the child protection worker provides information about services/resources available from the Band or Native community.

The child protection worker reviews new information obtained from the family and confirms the original case response decision or opens the case for investigation.

C) No Direct Contact

Cases which do not require a protection investigation or a "community link" service do not receive any direct contact from the Children's Aid Society and are entered on the agency database within 24 hours of receipt of the referral.

Making a Decision Regarding Response Time for an Investigation

The response time is determined by the level of urgency or the assessed level of present or imminent threat to the safety of a child. The decision regarding the timing of an investigation is based on:

- the age and vulnerability of the child
- the immediate need for support and reassurance to the child and/or non offending parent/caregiver
- current injury or harm to the child that may require medical examination/intervention
- the likelihood of immediate harm to the child including whether or not the alleged offender has access to the child
- possible additional risk to the child resulting from disclosure
- potential risk to other children in the same family or home
- the need to gather forensic evidence such as possible disclosure information, medical evidence due to concern of injury, etc.

Practice Notes (continued)	A more prompt response should be considered when: • the referral is lacking in detail or sufficient information to assess the urgency • a child is considered "highly vulnerable".
Case-Specific Considerations (Not intended for measuring the level of agency performance)	*Domestic Violence Referrals* Dr. Anne Ganley and Susan Schechter in *Domestic Violence: A National Curriculum for Children's Protective Services*[2] indicate that domestic violence perpetrators may: • physically abuse children • sexually abuse children • neglect and ignore children while focusing on controlling and abusing their adult partner • cause their children to be neglected by preventing the adult victims from caring for the children • harm children by coercing them into abusing their mothers or other adult caretakers • endanger children emotionally and physically by creating environments in which children witness assaults against their mothers • endanger children by undermining the ability of the Children's Aid Society and other community agencies to intervene and protect children. In addition, women who have been abused by their partners may: • over-discipline the children in an attempt to protect them from greater danger by the batterer's reaction to childhood behaviour • neglect the children by withdrawing from the family or devoting all their attention to placating the abuser. While Ganley and Schechter's guidelines refer to cases of violence against women, similar risk factors may be present for children exposed to bi-directional partner violence that occurs between partners, either of who may be the instigator. (Refer to definition on pages 11-12.) Jeffrey L. Edleson in "Should Childhood Exposure to Adult Domestic Violence Be Defined as Child Maltreatment under the Law?"[3] indicates that there is "great variability in children's experiences with adult domestic violence". While *some* children exhibit problems that may require treatment, others show no greater problems than their peers who were not exposed. Edleson concludes that exposure to domestic violence should not automatically be defined as child maltreatment, but recommends the expansion of voluntary community-based services. Exposure to domestic violence is a risk factor for children, especially if it co-occurs with other forms of child maltreatment. Child protection intervention is required when the risk factor presents an immediate safety threat or longer-term risk of maltreatment or harm. Risk of maltreatment exists on a continuum, from

Case-Specific Considerations (continued)

low to high risk. The determination that a child may be in need of protection as a result of exposure to domestic violence needs to be more precise than a judgement that there is some risk, as some risk of maltreatment is present in every family, even if it is very low.

Where the risk is not as high, children and their families should be offered voluntary, community-based assessments and services.

When contacting victims of domestic violence to provide a community link service, special precautions are taken to avoid placing the victim(s) at risk. Conversations with the victim about the violence and relevant services should occur at a time when the perpetrator is not present.

Community Caregiver Referrals

Physical Restraints

In institutional settings, a report of a minor injury resulting from a physical restraint does not by itself automatically result in a child protection investigation, unless there are surrounding circumstances that would indicate abusive or neglectful behaviour by the care provider.

Such circumstances include situations in which:

- someone is specifically alleging the behaviour to be abusive
- there is a pattern of injuries by the same caregiver
- there is a pattern of injuries to the same child
- there is a pattern of similar incidents in the same facility.

Referrals about Foster Parents

The most up-to-date practice recommendations of the Child Welfare League of America indicate that referrals/allegations about foster homes require very careful evaluation. Foster families experience similar stressors to those experienced by other families in their communities. In addition, certain circumstances related to providing foster care may raise the risk of maltreatment. Lastly, other circumstances can increase the risk that a report will be filed when no maltreatment has actually occurred. These may include situations in which:

- some birthparents or relatives may have negative feelings about the placement or the placing agency that they may express through an erroneous report
- children in placement may make allegations out of frustration, confusion, or anger, or in an effort to return home
- some children, due to past abuse, may feel threatened by or misinterpret well-intentioned foster parent behaviour
- children in foster care may be considered to be especially vulnerable by the community and referral sources may prefer to err on the side of caution.

Case-Specific Considerations (continued)	In situations in which a child or other referral source may have made an erroneous report in the past, a thorough screening of subsequent reports is critical. The Child Welfare League of America states that it is preferable to err on the side of caution and conduct a protection investigation than to screen out a report that may be legitimate.[4] **Non-Protection Family Files** When a child protection investigation will be conducted where the alleged perpetrator is a community caregiver, and a non-protection file is opened for the family of the alleged child victim, this file can be one or more of the following: • "community link service" record, and/or • Section 6D in the *Eligibility Spectrum* "Family Requests Counselling", or • Section 6F in the *Eligibility Spectrum* "Voluntary Request for Counselling"
References	*CFSA*, section 15.3(a) (Function of a society to investigate allegations) 2. Ganley, A.L. & S. Schechter. *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco: Family Violence Prevention Fund, 1996 3. Edelson, Jeffrey. Op.Cit. 4. Child Welfare League of America. *Child Maltreatment in Foster Care, CWLA Best Practice Guidelines*. Washington, DC: CWLA, 2003 5. Pecora, Peter J and Diana J. English, Ed. "*Multicultural Guidelines for Assessing Family Strengths and Risk Factors in Child Protective Services*. Washington: Washington Risk Assessment Project, 1993.
Definitions	**Protective Capacities** Factors or resources within the family that can or do promote the child's safety. The literature[5] on protective factors groups them into three general categories: individual characteristics, family characteristics, and supportive significant others. • Individual characteristics include attributes such as self-sufficiency, high self esteem, and altruism. • Family characteristics include supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of supports in times of stress. • Community supports refers to supportive relationships with people and/or organizations external to the family. These external supports provide positive and supportive feedback to the child and reinforce and reward the child's positive coping abilities.

Definitions (continued)	**Vulnerability** The degree to which the child is susceptible to suffering more severe consequences is based on: • age • health • size • mobility • visibility • social/emotional state • access to individuals who can provide protection

STANDARD #3. DEVELOPING THE INVESTIGATIVE PLAN	
Standard	When it has been determined that the most appropriate response to a report is an investigation, the investigative plan is developed by the child protection worker who will conduct the investigation, following a thorough review of all current and historical information known about the child and family. The investigative plan is developed and documented prior to the commencement of an investigation. The review of the investigative plan by a supervisor is optional, at the discretion of the worker and/or the supervisor, based on the level of knowledge and skill of the worker and the risk and complexity of the case. The primary decision involves choosing the most appropriate investigative approach: traditional or customized as described in the Practice Notes. If the information received by a Children's Aid Society alleges that a criminal offence has been perpetrated against a child, the child protection worker will immediately inform the police, and will work with the police according to the established protocols for investigation. **Common to Both Investigative Approaches** Both investigative approaches utilize a family-centred, strengths-based orientation and require that: • family members are interviewed individually • forensic interviewing techniques are used in interviews when discussing the alleged child protection concerns (condition or incident). The investigative plan includes a plan that addresses any worker safety issues identified in the case information. Every Children's Aid Society will have protocols with the society's local Police Departments related to investigation of allegations that a criminal act has been perpetrated against a child, and covering situations in which the investigation of an allegation may endanger a child protection worker. Every Children's Aid Society will have written Policies and Procedures related to worker safety when providing child protection service.
Intent	The intent of this standard is to provide workers with a more flexible range of investigative approaches that will better meet the needs of children and families and ensure the safety of the child. Both approaches should be as family-centred and strengths-based as possible to facilitate a satisfactory worker – client relationship.

Intent (continued)	The purpose of engaging the family in a relationship is to facilitate a more effective assessment of child safety, risk and protection concerns, an understanding of the family's needs and strengths, and to facilitate the family's use of child protection or community services or resources. Client engagement is not an end, but rather a means of effectively assessing and securing the safety of a child. The worker chooses the interview process that best protects the child.
Outcomes	The investigation results in: 1. increased safety for the child through the use of forensic interviewing techniques to gather credible evidence about the child protection concern(s) 2. better client engagement and a worker/client relationship that facilitates collaborative problem-solving and the use of services.
Practice Notes (Not intended for measuring the level of agency performance)	***The Purpose of an Investigation*** The purpose of an investigation, regardless of which approach is chosen, is to: • thoroughly gather and assess the information about the alleged incident • assess the immediate safety of a child • assess the longer-term risk to a child • determine if original or new child protection concerns are verified • determine if a child is in need of protection • determine if a child and/or family require child protection services or services in the community that ensure the child's safety • engage a child and family in a way that will facilitate understanding the child and family's needs/challenges and strengths beyond just those related to the reported incident or condition • develop a relationship with the family that will facilitate their use of child protection or community services. ***The Purpose of Interviews*** All family members should be interviewed privately and individually so that: • they can speak without concern about what another family member may think • the child protection worker can compare the information gathered in one interview with what he or she hears in other interviews and thus can assess the credibility of information gathered • the child protection worker can utilize information gathered from one interview to assist in planning subsequent ones. Consideration should be given to the ethno cultural orientation or aboriginal heritage of the child and family and the need for an interpreter. Great care should be taken in choosing an interpreter if one is needed. The interpreter should not be connected to the family of the alleged victim or of the alleged offender. In the case of an allegation involving a hearing impaired child or family, it is important to use a qualified interpreter.

Practice Notes (continued)

Identified Child Victim

- to gather information regarding the alleged maltreatment, circumstances leading up to the maltreatment and any risk of future maltreatment
- to assess the child's immediate safety
- to assess the immediate safety of other children living or being cared for in the home
- to assess the strengths, risks and needs regarding the child, and his/her parent/caregiver
- to identify extended family, relatives, members of the community who might play a role in keeping the child safe.

Siblings/Other Children Living in the Home

- to determine if siblings/other children living in the home have experienced maltreatment
- to assess the level of vulnerability of siblings/other children living in the home
- to gather corroborating information about the nature and extent of any maltreatment of the identified child
- to gather further information about the family that may assist in assessing risk to the identified child and any siblings.

All of the Non-Offending Adults in the Home

- to determine what adults know about the alleged maltreatment
- to gather information related to the risk of maltreatment and the safety of the child
- to gather information regarding family strengths or protective factors
- to determine the adult's capacity to protect the child if indicated.

Alleged Maltreating Parent/Caregiver

- to evaluate the alleged maltreating parent/caregiver's reaction to the allegations of maltreatment
- to evaluate the alleged maltreating parent/caregiver's reaction to the child and his/her condition
- to gather further information about this person and the family in relation to the risk to the safety of the child.

The Traditional Approach

The traditional approach to investigation focuses on ascertaining facts and collecting evidence in a legally defensible manner. While it is the primary approach when conducting investigations with the police, it is also used in cases where the police are not involved, when attempts to intervene via the "customized" approach have proven unsuccessful and the worker is unable to engage the family in a level of cooperation that would allow the worker to determine what if any protection concerns exist. This approach is very structured, and is usually determined by protocols between the police and the Children's Aid Society for conducting joint investigations. The goal is to move to a more customized, family-centred approach as soon as evidence has been gathered.

Practice Notes (continued)

It is appropriate to use the traditional approach when:

- there is information suggesting that a criminal offence has been perpetrated by a parent/caregiver that has resulted in harm to a child and police involvement is required
- there is a need to gather forensic evidence such as possible disclosure information, medical evidence due to concern of injury etc.
- attempts to intervene via the "customized" approach have proven unsuccessful and the worker is unable to engage the family in a level of cooperation that would allow the worker to determine what if any protection concerns exist
- the reported child protection concern is severe
- the family has an extensive or serious history of child protection involvement
- the record indicates that a "customized" approach has been unsuccessful in the past and/or is unlikely to be successful in the present intervention.

For referrals requiring the traditional approach, the investigative process is more structured and generally follows the following sequence:

1. interview with the child who is the subject of the referral inside or outside the child's home and with or without parent/caregiver's knowledge/ consent, depending on the circumstances
2. interviews with all other children being cared for in the home
3. interviews with the non-offending parent or caregiver
4. interviews with witnesses
5. gathering of information from collateral contacts
6. interviews with the person who is alleged to have harmed the child or subjected the child to a risk of harm.

Efforts should be made to make the traditional investigation as family-centred as possible. While the traditional approach is more structured and often determined by Children's Aid Society/Police protocols, it should be customized as much as possible without impacting on the safety of the child and the integrity of the evidence.

In cases where a joint investigation will be conducted with the police, and a parent/primary caregiver is the alleged abuser, parents/caregivers are generally not contacted prior to the interviews. Mandated Children's Aid Society Protocols with local Police Departments may specify the location of interviews.

The Customized Approach

The customized approach is used whenever possible in less severe cases, to facilitate client engagement and a worker-client relationship that will result in improved child safety. It is a better vehicle for engaging children and families.

The customized approach emphasizes a more flexible and individualized approach when entering the family system. The protection of the child is ensured through an ongoing assessment of safety and risk, and is customized throughout the life of a case. The customized investigative plan requires decisions regarding the following components:

Practice Notes (continued)

- the sequence of interviews
- whether interviews should be scheduled or unannounced
- the location of interviews.

The Sequence of Interviews

The child protection worker decides with whom to initiate the investigation based on the situation and the type of approach that has been chosen. It is important to work collaboratively with the family wherever possible and is preferable to obtain the parent(s)' agreement to interview the child if the safety of the child is not compromised as a result. The primary focus is always the safety and protection of the child.

When determining the sequence of investigative interviews, it is important to consider the following:

- If the child protection worker has decided on the "customized" approach, the first (introductory) recommended contact is usually with the parent/caregiver. In many instances, the first contact will be with both the parent and the child together.
- Parent/caregiver is contacted prior to interviews with the child by a joint CAS/Police team when:
  - the alleged perpetrator is a community caregiver with no relationship to the family (e.g., institutional investigations)
  - there is no reason to believe that the parent/caregiver failed to protect the child
  - there is no reason to believe that contacting the parent/caregiver may compromise the integrity of the evidence.

Scheduled vs. Unannounced Visits

It must be determined whether it is in the child's best interest for the worker to initiate an unannounced visit to interview the parent, or to contact the parent to schedule an interview.

The decision regarding announced/unannounced interviews will be based on a consideration of the following:

- the severity of the reported child protection concern
- the child protection worker's ability to protect the child and to gather information in sufficient detail
- the likelihood that the family will flee from the current address or jurisdiction.

Announced visits are recommended in the "customized approach" unless it is assessed that this is not the best way to secure a child's immediate safety.

Announced visits are generally preferred where it is assessed that there are no immediate threats to the child's safety. Arranged visits may be experienced by the family as being more respectful and may maximize the potential to engage parent/caregiver in a discussion regarding the alleged concerns and possible solutions.

Practice Notes (continued)

Unannounced visits may be necessary when:

- the worker needs to determine whether or not the perpetrator is in the home
- there is fear that a family may flee
- it is not possible to contact the family to arrange an appointment
- it is necessary to interview the child immediately
- it is necessary to assess the child's living conditions without the family having the opportunity to modify any of its usual conditions.

Determining the Location of Interviews

Initial face-to-face contact with the child's parent/ caregiver can occur inside or outside the child's home depending on the circumstances. The child is seen in his/her home environment prior to the conclusion of the investigation.

The choice of interview location will be based on a consideration of the following:

- the child protection worker's ability to protect the child
- the child protection worker's ability to gather information in sufficient detail
- the availability of interviewing space for private interviews of children
- the availability of interviewing space that is conducive to the child's comfort and need for safety.

Determining the Safety of the Child Protection Worker

While difficulties may occur at any point in the process, threats and volatile situations are more likely to occur during the investigation and during crisis situations. The first step in ensuring a child protection worker's safety is to assess the risk level of the situation before the initial face-to-face contact, which occurs on the basis of information gathered by the referral screener. The second step involves developing a plan that addresses the worker safety issues identified in the case information.

Case-Specific Considerations
(Not intended for measuring the level of agency performance)

Domestic Violence

The "traditional" investigative approach is generally used for situations that require a joint investigation with the police. Otherwise the investigation is customized to best meet the needs of the child and family.

When domestic violence has been reported, family members are interviewed in the following order if possible:

- the adult victim (unless it is believed that this will cause risk to the child victim)
- the child
- the domestic violence perpetrator.

Case-Specific Considerations (continued)	The worker explains that information shared by the adult victim will not be shared with the domestic violence perpetrator without his or her consent, or unless a court requires disclosure. The victim and the perpetrator of domestic violence are interviewed separately. The worker does not discuss with the domestic violence perpetrator the information provided by the victim without his or her consent, but can use information obtained from police reports, other agency reports and referral sources (without identifying them). ***Community Caregiver Investigations*** Standard #3 applies for all family-based community caregiver investigations. The same criteria and considerations are applied in choosing either the "traditional" or the "customized" investigative response. Community caregiver investigations in institutional settings should utilize the more structured "traditional" approach, either with the police if a criminal offence has been alleged against a child, or without the police.
References	*CFSA*, section 15.3(a) (Function of a society to investigate allegations)
Definitions	

STANDARD #4. CONDUCTING A CHILD PROTECTION INVESTIGATION

Standard

Steps in the Family-Based Investigation

A family-based investigation (traditional or customized) includes the following investigative steps:

1. * face-to-face contact with the child alleged to be the victim and an interview using methods consistent with the child's developmental stage and ability to communicate
2. * interviews or direct observation of other children being cared for in the home
3. * interview of the child's non-abusing caregiver
4. * direct observation of the child's living situation - if information is obtained that the child's living conditions are hazardous and/or that is suggestive of neglect, the entire home is seen and in particular the child's sleeping area
5. * interview of the alleged perpetrator of the maltreatment by the society and/or the police as appropriate
6. direct observation of the interaction between the referred child and his/her parent/caregiver
7. interviews with witnesses
8. use of a referral eligibility screening tool to assist in determining who else may be at risk if prior interviews indicated that there may be other potential victims of maltreatment; such as siblings or children in other families
9. interviews of all other adults living in the home
10. obtaining releases of information and gathering of evidence from other professionals involved with the child and/or family (e.g., medical, law enforcement, legal, educational)
11. consideration about the need to seek a warrant/telewarrant.

Steps in an Institutional Investigation

An institutional investigation includes the following investigation steps:

1. * interviews with the alleged victim(s), staff witnesses (current and former), child witnesses, facility administrator, supervisor of the alleged perpetrator and the alleged perpetrator
2. * examination of the physical layout of the setting
3. examination of facility files and logs such as:
   - daily logs on the activities of children
   - a log on medications administered
   - a record of restraints and serious occurrences
   - an individual file on each child

Standard (continued)	4. examination of information about the alleged victim(s), which may include the following: • characteristics of the victim(s) including their primary language and problems which might affect their ability to be interviewed (e.g., deafness, speech difficulties) • length of stay in setting • prior allegations of abuse in any setting • prior allegations of abuse related to the current incident, perpetrator or setting • prior abuse or exposure to abuse in another setting • child's relationship to and feelings for the alleged perpetrator • any other information relevant to the investigation 5. examination of facility policy and procedures, staffing level and shift patterns, staff training and qualifications, daily routine, programming 6. examination of records to determine if there have been allegations of abuse in the past connected with the setting. The child protection worker completes as many steps as are required until: • the allegations of child abuse or neglect can be clearly verified or ruled out without recourse to one or more of these additional steps and • the absence of immediate safety threats and longer-term risk factors can be clearly established or • all reasonable efforts have been made to collect evidence and continuing the investigation would yield no new information. * ***The first five steps in family-based investigations and the first two steps in institutional investigations are always completed.*** **Community Caregiver Investigations** Community caregiver investigations are conducted by child protection workers who have specialized training, knowledge and skills related to these investigations.
Intent	The intent of this standard is to ensure that all child protection investigations are completed in a thorough manner. However, not all investigations require the same level of information gathering, depending on the severity, chronicity, risk and complexity of the situation. It is intended that information gathering is only as intrusive as is required to ensure the safety of a child and that agencies are able to direct more resources to those cases that are more complex and serious.
Outcomes	1. The investigation results in credible evidence and information having been gathered OR all reasonable efforts have been made to collect evidence and continuing the investigation would yield no new information. 2. The investigation has not been more prolonged or intrusive than was required to achieve the above outcomes.

Practice Notes
(Not intended for measuring the level of agency performance)

Changing the Approach Decision

The child protection worker continues to assess throughout the investigation whether the approach initially chosen continues to be the most appropriate one.

The approach should be either adjusted or entirely changed when it is no longer appropriate. Criteria outlined in Standard #3 are used to make this determination.

The ability of the child protection worker to continually shift between the two approaches is critical. The child protection worker needs to be equally comfortable with both the supportive and the authoritative role inherent in child protection practice.

If a "customized" approach is initially planned, but in the course of the investigation it is disclosed that a criminal offence has been perpetrated against a child, the worker will immediately inform the police and the approach changes to a traditional one.

Similarly, if a "customized" approach is initially planned but attempts to intervene are proving unsuccessful and the worker is unable to engage the family in a level of cooperation that would allow the worker to determine what if any protection concerns exist, then the investigation moves toward a more traditional approach.

If the "traditional" approach is initially chosen and during the investigation with the police it is concluded that no criminal offence has been perpetrated against a child and the family is cooperative, the approach should be altered to a "customized" approach as soon as possible.

In general, once the worker has successfully obtained sufficient evidence and information to be able to ascertain the child's safety, the intervention should move toward a "customized" approach in order to engage the family in collaboratively developing solutions and moving toward positive change.

Safeguards for the Child during the Investigation

Throughout the investigation, the worker considers all appropriate means to ensure the child's safety including:

- involvement of extended family, friends, or other members of the community who might play a role in keeping the child safe during the investigation
- use of out-of-home care options
- involvement of appropriate Band or Native community agency, if the child is Native
- the provision of services or emergency funds.

Case-Specific Considerations
(Not intended for measuring the level of agency performance)

Domestic Violence

If information is obtained during the investigation that indicates that the domestic violence perpetrator may place anyone in danger, the worker will alert that person and the police immediately.

Community Caregiver Investigations

Notification to the Child's Parent/Primary Caregiver

Parent/primary caregiver is contacted prior to interviews with the child when:

- the alleged perpetrator is a community caregiver with no relationship to the family (e.g., institutional investigations)
- there is no reason to believe that the parent/caregiver failed to protect the child
- there is no reason to believe that contacting the parent/caregiver may compromise the integrity of the evidence.

Parent/caregiver is notified of the investigation by a worker who has an ongoing relationship with him/her - usually their family service worker or the child's worker (if the child is a Crown Ward with access). Workers will:

- give parent/caregiver an opportunity to express his/her concerns
- assure parent/caregiver that safety and well-being of the child is the first priority
- assure the family that the agency will conduct a thorough and unbiased investigation.

Notification to Parent Agencies

All agencies which have children placed in a residential setting are informed by the investigating society that an investigation is underway. If it is determined that the only adequate safety plan is to move the children, the parent agencies will plan for replacement of their own children, unless emergency placement is required and the investigating agency may have to make temporary alternate arrangements. As part of the investigative process, all parent agencies may be asked by the investigating society for information concerning their children. It is important that support and treatment for children be continued by parent agencies during the investigative process.

Cooperation of the Administrator of the Institution

If there is no indication that the facility administrator (owner, operator, director) is implicated in the alleged abuse, responsibilities include:

- ensuring that the alleged perpetrator does not have access to the children
- cooperating with the investigators in facilitating a full and complete investigation including:
  - ensuring that staff and children are available for interviews by Children's Aid Society and/or police
  - making available all records and other documents pertinent to the investigation of the abuse allegations.

References	*CFSA*, section 15.3(a) (Function of a society to investigate allegations)
Definitions	

STANDARD #5.	CONDUCTING THE SAFETY ASSESSMENT AND DEVELOPING THE SAFETY PLAN: COLLABORATING WITH THE FAMILY
Standard	An assessment of immediate safety threats is completed for all family-based investigations including out-of-home care by relatives, community members, a foster home or a customary care home. A safety assessment is both a process and a document. The process is conducted with the family in order to determine if any of the safety threats described in the document are present in the family. The documentation is completed on the next working day after completion of the process with the family. The safety assessment process is completed for all investigations at the point of the first face-to-face contact within the response time, for all referrals on new or ongoing cases that are assigned for investigation. The safety assessment process may be implemented within a family re-assessment in which changing circumstances known to induce stress have been identified (e.g., loss of income, moves, and illness of caregiver or child, a change in family composition). Every institutional investigation requires an assessment of immediate safety threats, however different factors are considered and the outcome is recorded as a narrative. A safety assessment tool is not available for assessments of safety threats in institutional settings. When no safety threats are present, the worker reviews the safety assessment with a supervisor on the next working day. Other children being cared for in the home, who have not been reported to have been abused or neglected and whose immediate safety is not reported to be compromised, can be interviewed or observed at a later time, before the completion of the investigation. Similarly the child's home environment is seen before the completion of the investigation. A safety plan is mandatory whenever a safety threat is identified. The protection of a child assessed to be unsafe is non-negotiable. The safety plan is developed with the family immediately following the assessment of safety threats, and is documented on the next working day. The safety plan must secure the safety of the referred child and any other children being cared for in the home. Whenever possible and consistent with the child's safety, the child protection worker actively involves the family and/or extended family members and/or community members and/or the child's Band or Native community if the child is Native, in identifying safety threats, developing and implementing a safety plan, and monitoring and assessing its progress. The adequacy of a safety plan is assessed by a supervisor and approved prior to its implementation.

Standard (continued)	A safety plan is regularly and consistently monitored. It is discontinued when safety threats have been eliminated or parent/caregiver protective factors have been sufficiently enhanced. A safety plan is also discontinued if it has become long-term. In that case, the actions that were taken to secure the child's safety and that have become more enduring, are integrated into the next regular service plan. If the facts/information found in the referral or the safety assessment indicates the possibility of injuries or the need for medical care, a medical examination will be arranged within 24 hours of receipt of the referral/report/information. The result of the examination is documented in the case file. An initial investigation can be concluded (with supervisory approval) immediately following a safety assessment without a risk assessment being conducted if the initial interviews yield information that maltreatment has clearly not occurred and other criteria are met (refer to Practice Notes below). This option is not available for new investigations on cases receiving child protection service. An investigation can be discontinued (with supervisory approval) without a safety assessment or risk assessment having been completed if, upon first face-to-face contact, the referral information is found to be clearly wrong.
Intent	It is intended that all families receiving child protection services are universally screened for present and imminent threats to the safety of children. The intent of the safety assessment is to answer the question: "Is the child safe now?" The safety assessment is based on the worker's direct observations of family conditions, behaviours, attitudes, emotions or situation. The development of a safety plan requires answering the question: "How can the immediate safety of the child be secured?" The safety plan is limited in time and scope. It is meant to control the immediate safety threats and is not expected to remediate or resolve longer-term risks.
Outcomes	1. Children are safe from immediate threats of harm or maltreatment. 2. Children maintain ties to their parents/primary caregivers, extended family, community, culture and religious affiliation through their members' greater involvement in safety planning.

Practice Notes
(Not intended for measuring the level of agency performance)

The safety assessment should not rely solely on reports by clients and similarly, the safety plan should not rely primarily on clients' promises to change their behaviour.

Assessing safety is grounded in gathering comprehensive and accurate (credible) information about a family, specifically about behaviours, attitudes, emotions, intent or situation that have become immediately threatening to a child and are likely to result in injury, or significant pain and suffering, or extreme fear. The analysis of the information gathered should be guided by a cautious evaluation of the facts with child safety being paramount, while being respectful of the parent/caregiver.

The development and implementation of a safety plan is likely the most significant intervention during the investigation phase of service. The child protection worker's role is both supportive/collaborative and assertive in ensuring that a child is protected.

Family and community strengths should be utilized to develop the safety plan. These might include:

- extended family networks
- a broad range of people as potential resources e.g., neighbours, family friends, faith community
- for a child who is Indian or Native, the family support worker/prevention worker chosen by the Band representative.

Assessing the Adequacy of the Safety Plan

The following factors should be considered in assessing the adequacy of the plan:

- Has the family helped construct the safety plan?
- Is the family willing and able to participate in the plan?
- Was a similar safety plan developed before and did it work?
- Is the intervention likely to control the unsafe situation right away?
- Is the intervention available in the community?
- Can the intervention be implemented quickly enough?
- Is the service or support sufficiently close and easy for the family to use?
- Are the safety interventions immediately available, easily accessible, and capable of immediate impact?

Monitoring the Safety Plan

Monitoring requires:

- follow-up visits by the worker
- regular communication with others (ex. collaterals, relatives, extended family, community members) participating in the plan
- continuing assessment of the child's status.

Practice Notes (continued)	*Consent to a Medical Examination* For the medical appointment, it is preferable that the worker and the child be accompanied by the child's parent or legal guardian. If this is not possible, the worker should request the parent/caregiver's written consent to have the child examined. If these alternatives are not available or appropriate, the child should be apprehended so that the medical examination may proceed. If the child has the capacity to consent to medical treatment, the child's decision to accept or reject medical treatment may not be overridden. *Case Closure Immediately Following a Safety Assessment* A file can be closed prior to a risk assessment being completed if the initial interviews yield information that maltreatment has clearly not occurred, and • there are no safety threats to the child • the family shows significant strengths in terms of individual and family functioning • there is an absence of conditions or factors indicating risks of maltreatment • there are no reasonable and probable grounds to believe that a child is in need of protection. Under these circumstances an investigation can be concluded as long as all of the core required steps have been completed (standard #4) and the criteria for concluding a child protection investigation (standard #7) have been met. *Discontinuation of an Investigation* Occasionally, a Children's Aid Society receives a report that upon first face-to-face contact is found to be clearly wrong and the investigation should be discontinued. This is NOT a report where the protection concerns are not verified. For example, the Children's Aid Society receives a report that pre-schoolers are being routinely left unsupervised, but upon attending at the home finds that there are only adolescents living there and no pre-schoolers are cared for in the home. The decision to discontinue a report is recommended by the worker to the supervisor. If the supervisor approves the decision, the investigation is discontinued and the reasons are documented.
Case-Specific Considerations (Not intended for measuring the level of agency performance)	*Domestic Violence* The safety plan for domestic violence situations utilizes interventions specific to achieving safety for the child from the domestic violence perpetrator; safety for the adult victim should also be a goal whenever possible.

Case-Specific Considerations (continued)	*Community Caregiver Investigations* The safety assessment form is completed for all family-based community caregiver investigations. A safety assessment is not completed with the child's own parent/caregiver unless there are protection concerns related to the family. Clinical tools that comprise the Ontario Child Protection Decision-Making Model have been designed to guide decisions related to child maltreatment which has occurred within a family context and are not appropriate for use in institutional settings. Nevertheless, every investigation requires the assessment of safety, the development of a safety plan if the child's immediate safety is threatened, and the assessment of longer-term risk of harm. Issues to consider in determining if there is an imminent threat to safety include: • signs of present danger (safety threats) identified during the investigation • other conditions that negatively impact the safety of the child • historical information that contributes to present danger for this/these children • child vulnerability that contributes to or decreases the well-being of the child • strengths and resources of the facility that can reduce, control and/or prevent threats of serious harm. If the immediate and ongoing safety of children cannot be assured as the investigation progresses, then a Safety Plan will need to be developed. The facility administrator should participate in the development of the safety plan. The safety plan may include: • putting in additional staff • removing the alleged perpetrator(s). If the risk of harm supersedes the positive strengths of the child's relationship with the placement, the society will need to coordinate with the parent agency or child's worker to arrange for the child to be moved to a substitute placement.
References	*CFSA*, section 15.3(a) (Function of a society to investigate allegations) *CFSA*, section 3 (1) (Definitions of relative, extended family) *CFSA*, section 3 (3) (Definition of child's community)

Definitions	*Child's Community* • A person who has ethnic, cultural or religious ties in common with the child or with a parent, sibling or relative of the child. • A person who has a beneficial and meaningful relationship with the child or with a parent, sibling or relative of the child. [*CFSA*, s.3 (3)] ***Extended Family*** Persons to whom a child is related by blood, through a spousal relationship or through adoption and, in the case of a child who is an Indian or Native person, includes any member of the child's Band or Native community. [*CFSA*, s.3 (1)] ***Relative (with respect to a child)*** A person who is the child's grandparent, great-uncle, great-aunt, uncle or aunt, whether by blood, through a spousal relationship or through adoption; ("parent") [*CFSA*, s.3 (1)] *Safety Plan* Where imminent risk of harm to a child is present, the worker then considers what interventions are needed to mitigate or neutralize the risk to the child. After considering the immediate safety and interventions, the process leads to a safety plan.

STANDARD #6.	CONDUCTING THE RISK ASSESSMENT: COLLABORATING WITH THE FAMILY
Standard	An assessment of future risk of maltreatment is completed for all family-based investigations including out-of-home care by relatives, community members, a foster home or a customary care home. A risk assessment is both a process and a document. The process is conducted with the family in order to consider which risk factors contained in the document are present in the family. The documentation of future risk of maltreatment is completed prior to the verification decision and conclusion of the investigation. Every institutional investigation requires the assessment of longer-term risk of harm; however different factors are considered and the outcome is recorded as a narrative. A specific risk assessment tool is not currently available for assessing risk of future maltreatment in an institutional setting. The results of the risk assessment are shared with the family and the child (if appropriate given the child's developmental level).
Intent	It is intended that all children and families receiving child protection services in Ontario are universally screened for risk of future child maltreatment. The Ontario Family Risk Assessment is a "point in time" evaluation and should not be confused with or be substituted for ongoing risk analysis throughout the life of a case. The Ontario Risk Assessment tool assists the worker in assessing the presence of clear behavioural and historical factors that have been found to be statistically associated with abuse and neglect. Risk is the likelihood of long-term future harm due to child maltreatment. Actuarial risk assessments such as the Ontario Family Risk Assessment have measures that can estimate the likelihood of future occurrences of child maltreatment. It is intended that the risk assessment guides decisions about whether or not: • children and their families should receive ongoing protection services from the Children's Aid Society, and if so, the intensity of the services required • children and their families should be linked with other community service providers • the case should be closed following the protection investigation. The risk assessment is meant to aid, not substitute for the exercise of professional judgement as to risk of future harm to a child, and is a process and a clinical tool to guide the disposition of the case.
Outcomes	The risk of long-term, future harm of maltreatment of children is reduced because:

Outcomes (continued)	1. children and families who are at the greatest risk of future maltreatment are identified, and child protection services are provided to reduce the risk. 2. children and families who are at lower risk of future maltreatment are assisted in accessing community services/resources to prevent child maltreatment or treat conditions that may raise the risk of maltreatment if left unattended.
Practice Notes (Not intended for measuring the level of agency performance)	**Completing the Risk Assessments with Families** The Ontario Family Risk Assessment is completed with families, with the intent of engaging them in a purposeful conversation regarding their unique circumstances. The risk assessment should be used as a vehicle for engaging families, by: • enabling their meaningful involvement in defining the problems • defining what needs to change • working toward a concrete goal - child safety. The worker explains clearly to families what is meant by risk assessment, the reason for doing one and how the family's participation will assist in making important decisions that a risk assessment informs. The worker is clear about the protection concerns and what is not working, but lets the family go at their own pace, allowing them to "tell their story" in their own words, while continually encouraging, challenging and probing until all of the risk factors have been explored. When completed collaboratively with families, the risk assessment will result in clear problem definition and an understanding of what safety will look like for their child, utilizing their existing strengths, and additional services or supports. Other service providers may have information that could enhance the risk assessment.
Case-Specific Considerations (Not intended for measuring the level of agency performance)	***Community Caregiver Investigations*** The Ontario Family Risk Assessment is completed for all family-based community caregiver investigations. The risk assessment process or document is not completed with the child's own parents/caregivers, unless there are protection concerns related to the family. Clinical tools that comprise the Ontario Child Protection Decision-Making Model have been designed to guide decisions related to child maltreatment which has occurred within a family context and are not appropriate for use in institutional settings. Nevertheless, every investigation requires the assessment of longer-term risk of harm. Factors to consider in assessing the risk of future harm in institutional settings may include:

Case-Specific Considerations (continued)	• Child vulnerability factors as in Standard # 2.
	• Alleged perpetrator related factors:
	  • pattern of prior allegations of child maltreatment
	  • prior verified maltreatment of any child
	  • use of discipline
	  • use of physical restraints
	  • mental health status including substance abuse
	  • use of authority
	  • interaction and relationship with child.
	• Setting related factors:
	  • adequacy of staffing level as it relates to the child alleged victim
	  • adequacy of supervision as it relates to the child alleged victim
	  • shift patterns as they relate to the child alleged victim
	  • daily routine / programming
	  • staff training and qualifications
	  • staff and administrator's specific perceptions of and attitudes toward the alleged child victim
	  • adequacy of this particular setting to meet the special needs of the alleged victim
	  • pattern of previous allegations of maltreatment in the setting
	  • pattern of physical restraints regarding this child and other children in the setting
	  • response by the facility to the allegation; i.e. investigation is taking place; if the allegation against a staff member is verified, the facility is responding appropriately
	  • the degree of responsibility that others in the facility have for the incident of maltreatment
	  • the degree of cooperation with the investigation shown by the facility staff and administrator
	  • the degree of concern demonstrated by facility staff and administrator for the safety and well-being of the alleged victim and other children in the home
	  • the willingness of staff and administrator to implement corrective measures that will protect this child and other children from future harm.

References	*CFSA*, section 15.3(a) (Function of a society to investigate allegations)
Definitions	***Risk*** An estimation of the likelihood of future child maltreatment due to family characteristics, behaviour or functioning and/or environmental conditions. Risk of maltreatment exists on a continuum from low to high risk. Some risk of maltreatment is present in every family even if it is very low. Child protection services are required when the risk of future maltreatment is more likely than not.

STANDARD #7.	CONCLUDING A CHILD PROTECTION INVESTIGATION
Standard	A child protection investigation is completed within one (1) month of receipt of the referral, including all required clinical tools and case transfer documentation for cases that require ongoing child protection services. For cases that are being closed, the closing summary and analysis documentation is due within three (3) weeks following the one-month investigation completion time frame. The quality and thoroughness of the investigation shall not be compromised in order to meet the one-month time line. When the investigation cannot be completed within one month, the worker notifies the supervisor prior to the deadline. The supervisor may establish an expected completion date, not to exceed two (2) months from the date of referral. The approval of an extension is documented by the child protection worker. A child protection investigation is concluded when all information is gathered to determine whether: • the original or new child protection concerns are verified, not verified or inconclusive and • a child is in need of protection and • a child and/or family requires ongoing child protection and/or community services or resources or • all reasonable efforts have been made to collect evidence and continuing the investigation would yield no new information. An institutional child protection investigation is concluded when sufficient information is gathered to determine whether: • original or new child protection concerns are verified, not verified or inconclusive and • a child is safe and • there is longer-term risk of maltreatment and • a child can remain in the institutional setting and • the substitute caregiver family or institution requires additional supports or • all reasonable efforts have been made to collect evidence and continuing the investigation would yield no new information. In some cases, original allegations cannot be verified but information is obtained during the investigation that may lead to verification of other protection issues. Both decisions (regarding original allegations and new information) are documented in the record. Cases that reach a determination that a child is in need of protection are eligible for ongoing child protection services. Cases with a higher overall risk rating require, and should receive, a greater intensity of child protection services. All other cases are closed or provided with other (non-protection) child welfare services, or linked to formal and informal resources in the community. Some cases may require no follow-up services.

Standard (continued)

These decisions are made within the context of a full case review and analysis of all relevant information with the supervisor prior to the conclusion of an investigation.

If the criteria for the conclusion of an investigation are met at the time of the case review with the supervisor, cases that do not require further child protection services are classified as "services completed" and the investigation is considered to be concluded. Case closure documentation is completed and submitted for approval within one (1) month (maximum two (2) months by exception) and three (3) weeks from the date of referral.

The documentation completed at the conclusion of all investigations is approved by the supervisor within seven (7) days of receipt of the completed case documentation, at which time the case can be either closed on the agency database or transferred.

The child alleged to be in need of protection, the caregiver(s) of the child, the child's worker, an institutional facility administrator and the person alleged to have caused the need for protection are advised of the outcome of the investigation within fourteen (14) days of its completion. Notification can occur to the family as a whole or to each family member individually, depending on the case circumstances.

Prior to the conclusion of an investigation, persons who were the subjects of a protection investigation are informed that information regarding the investigation will be placed on the provincial database.

At the completion of the investigation, the record contains:

- documentation of all steps taken and information obtained throughout the investigation in contemporaneous case notes
- documentation of the safety assessment and safety plan
- documentation of the risk assessment (where required)
- a case summary containing the following:
  - a summary of the significant case events
  - a summary of what the investigator believes occurred in relation to the allegation
  - an analysis of the safety assessment, risk assessment, significant case events and relevant information gathered about the family's circumstances, strengths, protective factors and needs during the investigation
  - documentation of any charges laid by the police
  - a summary of child welfare court activity
  - the verification decision for each identified child protection concern and the rationale
  - the decision about whether a child is in need of protection and the rationale
  - if the case is being closed, a summary of child or family needs that may indicate a need for community-based early intervention, prevention or treatment services and documentation of information or referrals provided

Standard (continued	• updated reason for service code indicating the reason for service at the point of transfer • documentation of notification provided to the child, caregiver(s) and person alleged to have caused the need for protection regarding the outcome of the investigation • supervisor's signature (and date) indicating approval of the documentation including the investigative process and decisions within seven (7) days of completion of the investigation. The documentation completion date is the date on which it is submitted to the supervisor for approval.
Intent	The intent of this standard is to ensure that child protection investigations are: • thorough • comprehensive • timely. In addition, this standard supports a structured, guided and collaborative process of case decision making. It is intended that the core record is the contemporaneous case notes with detailed information about the child and his or her family, obtained through any contact, either internal or external to the Children's Aid Society. Case review documentation is clinically focussed and includes a summary and case analysis, culminating in required case work decisions.
Outcomes	Investigations are concluded and families are notified of the outcome in a timely manner so that: 1. ongoing child protection or community services can commence as soon as possible 2. a Children's Aid Society is not involved with a child and family any longer than is necessary 3. case documentation is timely, thorough, and accurate.
Practice Notes (Not intended for measuring the level of agency performance)	The focus of all child protection investigations is on protecting the child who was the subject of the referral, and any other child who may be affected by the alleged maltreating person. In addition to determining whether the original child protection concerns are verified, the investigation conclusions include the society's opinion of whether there are reasonable and probable grounds to determine that the child is in need of protection according to the grounds set out in *CFSA*, s. 37. A child can be in need of protection whether alleged or new protection concerns are verified or not.

Practice Notes (continued)

Evidence in such cases may be complex and contradictory. It is the responsibility of the child protection worker (in conjunction with the police, where appropriate) to obtain as much concrete evidence as possible. In determining whether a protection concern is verified, the worker and supervisor consider all information obtained during the investigation and determine which information is relevant to be used as evidence to verify a report or not. It is critical that all evidence suggesting that a child was not maltreated be considered as thoroughly as evidence suggesting that child maltreatment did occur. The decision is made on the basis of a "balance of probabilities".

Verifying Protection Concerns

A decision about whether alleged protection concerns have been verified and whether a child is in need of protection is made in a conference involving, at a minimum, the child protection worker and supervisor. All relevant information obtained throughout the investigation is reviewed.

A report/allegation should not be deemed as "not verified" merely because:

- the child and\or parent deny that the alleged incident occurred
- physical evidence is inconclusive or non-existent.

Where a child and/or parent deny that the alleged incident occurred, the worker uses his or her knowledge and skills to determine whether the denial is credible.

The information obtained throughout the investigation will provide a basis for making these determinations. The absence of risk factors and the presence of a number of family strengths lend credibility to the denial.

"More Probable Than Not"

In applying the test "more probable than not", the worker must consider two issues:

- whether the evidence gathered and reviewed by the child protection worker is credible. Credible evidence is defined as evidence that is trustworthy, believable and dependable, thus reliable.
- whether the evidence gathered and reviewed by the child protection worker is persuasive.

Credible evidence is considered persuasive when, after carefully reviewing and weighing all the evidence, the child protection worker finds the weight of the evidence supports a clear conclusion either that abuse or neglect has not occurred and is not likely to occur, or that abuse or neglect has occurred or is likely to occur.

Deciding That Evidence Is "Inconclusive"

All appropriate attempts to gather assessment information should be exhausted before this conclusion is reached. This conclusion is not used as a "default" for cases where the decision to verify or not to verify is difficult to make.

Practice Notes (continued)

Child Abuse Register

Where an allegation of abuse has been verified, the procedures for reporting to the Child Abuse Register are to be followed (see MCSS *Guidelines for Reporting to the Child Abuse Register.*)

Cases of verified neglect should not be reported to the Register, unless they meet the reporting criteria for abuse, namely, that the neglect has resulted in actual harm to the child. (See *CFSA*, s.72(1) for criteria)

Determining if the Child Is in Need of Protection

A child is generally in need of protection when he/she has suffered or is likely to suffer some form of maltreatment as a result of an act of commission or omission by his/her parent or caregiver. "Likely to suffer" connotes a degree of predictability or reliability supporting that conclusion.

Risk of maltreatment exists on a continuum, from low to high risk. The determination that a child is in need of protection needs to be more precise than a judgement that there is some risk in the family, as some risk of maltreatment is present in every family, even if it is very low.

Both the safety assessment and risk assessment are helpful in structuring and guiding this decision. Because safety assessment is more narrowly focused than risk assessment, and identifies imminently threatening conditions with potentially severe results, a determination during or at the conclusion of an investigation that a child is unsafe will generally result in a determination that a child is in need of protection.

Although a risk assessment is a relevant and valuable clinical tool, it is not sufficient in and of itself to support a determination that a child is in need of protection. The determination is based on a broader assessment of the family's circumstances and the family members' capacities and behaviour. An overall risk rating of high or very high will generally (but not always) result in a determination that a child is in need of protection.

Similarly, while a referral eligibility screening tool such as the Eligibility Spectrum assists in deciding about the severity of the incident or condition that has been verified, it should not be used on its own to drive the decision about whether a child is in need of protection, as severity is not the sole factor that requires consideration.

The child protection worker clearly describes and analyzes the outcomes all administered assessments, the behaviours, conditions, strengths and needs that are present and explores their current impact on the child, and how likely they are to result in abuse or neglect in the future. This determination is not as precise or concrete as the verification of a child protection concern and requires a greater use of analysis and judgement. The use of any one tool to make this decision is inappropriate.

Practice Notes (continued)	*Case Disposition* The decision about whether the child is in need of protection will determine whether ongoing child protection services will be provided, or non-protection services will be provided, or the case will be closed. The reason for service (i.e. *Eligibility Spectrum* rating) is updated at this point to reflect the situation on completion of the investigation. Cases with a determination that a child is in need of protection are eligible for ongoing child protection services. All other cases are closed or provided with non-protection services or a community link service. When a case is being closed, the child protection worker considers if services or resources in the community will prevent or reduce risk of future maltreatment to the child. If so, the child and family are provided with information about, or referred to appropriate resources.
Case-Specific Considerations (Not intended for measuring the level of agency performance)	*Community Caregiver Investigations* **Physical Restraint** When the focus of a child protection investigation is the use of a physical restraint, the following questions are considered in making the verification decision: • Was the child considered at risk of injuring himself or others? How appropriate was the staff's assessment of the situation? • Were professionally accepted techniques used to de-escalate the situation so that physical force would not have been necessary? What behaviour management techniques were used? Were all staff trained and certified to use that technique? • Was physical force used as punishment or discipline? • Was physical force applied in accordance with relevant standards and facility policies/procedures? Was the technique done correctly? Was the method used safe? **Child's Family** The child alleged to be in need of protection and the child's parent/caregiver (unless the child is a Crown ward without access) are advised of the outcome of the investigation within fourteen (14) days of its completion. In community caregiver investigations where the child's own parent/caregiver is not the subject of the investigation, there is no need to make and document decisions regarding: • whether original or new child protection concerns are verified within the context of the family • whether a child is in need of protection within the context of his/her family.

Case-Specific Considerations (continued)

It is suggested that the worker consider whether the child and/or family would benefit from community services or resources to assist in dealing with the impact of abuse of the child by a community caregiver.

Notification of the Outcome of the Investigation

Notification to the person alleged to have caused the need for protection is provided verbally and in writing within fourteen (14) days following completion of the investigation and contains non-identifying information including:

- the details of the allegation
- the verification decision and rationale.

Notification to the facility administrator is provided in writing within fourteen (14) days following completion of the investigation and contains non-identifying information including:

- the details of the allegation
- the verification decision and rationale

Notification to a foster home or community care home is provided within fourteen (14) days following completion of the investigation within the context of a face-to-face meeting which minimally includes the investigating worker and the foster care worker responsible for the home. The investigation including the outcomes of the Safety and Risk and any optional assessments administered are shared at this time. A written notification is also provided and contains:

- the details of the allegation
- the verification decision and rationale
- the details of any safety plan
- recommendations regarding additional supports or remedial action.

Notification to the child's worker (whether in own agency or in another placing agency) is provided within 14 days following completion of the investigation.

At the completion of the investigation, the record with respect to a family-based community caregiver investigation contains the same documentation as all other protection files.

The documentation with respect to an investigation in an institutional out-of-home setting contains:

- documentation of all steps taken and information obtained throughout the investigation in case notes
- documentation of the narrative Safety Assessment and Risk Assessment where required
- documentation of any safety plan, if applicable
- a case summary containing the following:
  - a list of all individuals interviewed during the investigation
  - a ***summary*** of what the investigator(s) believe occurred in relation to the allegation

Case-Specific Considerations (continued)	• documentation of any charges laid by the police • documentation of the verification decision and the rationale • concerns about the future safety of the children and suggested courses of action • documentation of notification to the child, child's parent/caregiver, child's worker and the facility administrator regarding the outcome of the investigation • supervisor's signature indicating approval.
References	*CFSA*, section 15.3 (a) (Function of a society to investigate allegations) *CFSA*, R.R.O.1990, regulation 71 (*Reporting to the Child Abuse Register*) *CFSA*, section 72 (1) (Criteria for neglect) *CFSA*, sections 37(2) (a), (c), (e), (f), (f.1), or (h) [Definition of child in need of protection.]
Definitions	***Abuse*** A child in need of protection under *CFSA* sections 37(2) (a), (c), (e), (f), (f.1), or (h). ***Closed Case*** A child protection file in which termination documentation has been approved by the supervisor and that has subsequently been closed on the agency database. ***Inconclusive*** Critical information necessary for establishing the probability that abuse or neglect occurred or did not occur, cannot be obtained. This case finding does not mean that the worker has determined that abuse or neglect did not occur, but rather that a lack of information makes it impossible to establish a balance of probabilities that abuse/neglect occurred or did not. ***Not Verified*** A decision that, on the balance of probabilities: • it is <u>not</u> "more probable than not" that the harm or risk of harm has occurred, currently exists, or is likely to occur • evidence gathered lends weight to the belief that abuse or neglect did not occur.

Definitions (continued)	*Services Completed* The status of a child protection case determined during a formal case review with the supervisor, whereby all of the criteria for concluding an investigation have been met and no further service (additional investigative steps) is required. *Verified* A decision that, on the balance of probabilities, it is more probable than not that the harm or risk of harm has occurred, currently exists, or is likely to occur.

STANDARD #8. TRANSFERRING A CASE	
Standard	When a case requires a transfer from one worker, department or Children's Aid Society to another, the transfer occurs within ten (10) days of submission of transfer documentation for approval to the supervisor. The case transfer is effective on the date of the transfer visit with the family that includes the transferring and receiving child protection workers. For cases that are transferred from one jurisdiction to another the transfer is effective on the date that the receiving worker has his or her first face-to-face contact with the family. When cases are transferring from one Children's Aid Society to another, the Interagency Protocol is followed. Any existing safety plan continues without interruption during the transfer from one worker to another. Until the case transfer is completed, the transferring worker is responsible for managing any safety plan and addressing emergency family needs unless the family has moved to another jurisdiction. The receiving worker notifies all other service providers of his/her identity and contact information within two (2) days of assuming case responsibility [maximum twelve (12) days from submission of transfer recording for supervisory approval], unless the family has moved to another jurisdiction. This standard applies for case transfers at any phase in the casework process. Cases that are receiving ongoing child protection services that have had a full review three (3) months or less prior to the transfer require a summary update of significant case events, unless the existing assessments are no longer relevant. Cases that are being transferred more than three (3) months following a full case review, require all of the documentation that is required for a regular case review. A revised service plan is only required if the current one is no longer relevant. Otherwise a new service plan is developed when it is next regularly scheduled. Each Children's Aid Society will have a case transfer policy the will include the following: • the process and timelines for case transfer • the responsibilities of the transferring and receiving child protection worker and supervisors during the transfer process.
Intent	The intent of this standard is to ensure that transfers of cases between workers are conducted smoothly, with as little disruption or delay to the child and family as possible, and with no interruption to the safety plan.

Outcomes	1. Children and families do not experience a gap or break in service during the case transfer process. 2. A delay in completing administrative tasks will not delay the initiation or continuation of ongoing child protection services to the client.
Practice Notes (Not intended for measuring the level of agency performance)	The date of completion of the transfer or termination documentation is the date on which the transfer recording is submitted to the supervisor for approval. Prior to the transfer conference, the receiving worker reads the file in its entirety (including the history of previous child protection involvement) so as to have a thorough, longitudinal understanding of the risks, needs, strengths and protective capacity of the family and its individual members as they relate to the current protection concerns. The receiving worker then discusses the case with the transferring worker and collaboratively develops a plan for the transfer conference with the family. The transfer conference serves as a bridge between the investigative phase of service and the ongoing phase of intervention with the family or one worker and another. The transfer conference minimally includes the transferring worker; the receiving worker. It is good practice to include other agency workers providing service and the family's support "team" whenever possible. During the transfer conference with the family, the investigative worker reviews the original referral information, the outcome of the Safety Assessment and safety plan (where one exists), the outcome of the risk assessment and the verification decision, and provides the rationale for the provision of ongoing child protection services to the child and family. When a case that is receiving ongoing service is transferred, the transferring worker reviews the most recent assessments and the service plan with the family and receiving worker, noting progress that the family has or has not made. The receiving worker uses the first contact with the family as an opportunity to begin to establish rapport with the various family members.
References	Interagency Protocol (rev. October 2005)
Definitions	*Transfer of Worker* A new or different worker is assigned by the Society to assume responsibility for management of the family's case on an ongoing basis.

STANDARD #9. INITIATION OF ONGOING SERVICE: THE FIRST MONTH

Standard	The focus of the first month of ongoing child protection services is on: • managing and reviewing the safety plan • engaging the child and family in child protection service • assessing the child and family's strengths and needs • developing a service plan. **Reviewing the Safety Plan** The child protection worker and family's first task together in this phase of service is a thorough review of the existing safety plan that was developed during the investigation. If there have been changes to any of the safety threats identified in the Safety Assessment or in the ability of the interventions to assure safety, the ongoing child protection worker will together with the family develop an alternative safety plan which may include placement of the child in the care of the Children's Aid Society. A new safety plan is approved by a supervisor prior to its implementation and documented on the next working day. The process of review of the safety plan is continuous for as long as it is in place. The worker evaluates its effectiveness each time that new information about the family is received. A safety plan is discontinued when safety threats have been eliminated or caregivers' protective capacities have been sufficiently enhanced. A safety plan is also discontinued if it has become long-term. In that case, the actions that were taken to secure the child's safety and that have become more enduring, are integrated into the next regular service plan. **Conducting the Child and Family Strengths and Needs Assessment** An assessment of the child and family's strengths and needs is completed on every case receiving ongoing protection service prior to the development of the service plan. *Supplementary Screening Tools* A number of supplementary screening tools are available to screen children and their parents/caregivers for specific concerns such as: • Child Emotional Well-being • Adult Mental Health • Alcohol Use Disorders • Drug Abuse • Family Support

Standard (continued)	The child protection worker decides which supplementary screening tools are appropriate based on the known information about the child and family and the outcome of the assessment of the child and family's strengths and needs. The results of all required assessments and supplementary screening tools are discussed with the family during the service planning process. Developing a Service Plan The service plan is the link between assessment and intervention. It is an action plan that guides the family, child protection worker, other service providers and all casework activities toward well-defined goals and outcomes against which progress can be measured over time. The service plan is a process and a document. The result of the service planning process is a service plan document that is a record of clear and measurable goals, objectives and tasks that are assigned to the participants, with time frames for completion. The child protection worker who will implement and manage the service plan is involved in the service planning process with the family. The service plan is developed within the context of a "family-centred conference" and completed: • within one (1) month of the completion of the investigation, or of the date of the case transfer following the initial investigation • every six months thereafter while the family is receiving ongoing child protection services • when there have been changes to the family circumstances that affect the relevance or validity of the current service plan • when an assessment of the child and family's strengths and needs that was completed because of a transfer of worker identifies change that requires a new service plan. Children's Aid Societies are required to have a family-centred conferencing model available for case planning purposes, and policies and procedures related to its use. The use of traditional conferencing/healing models or methods (e.g., talking circles) is preferable for Native children and their families. Participants in the service planning process include: • all family members (including the child where age appropriate) • relatives, extended family, community members • foster parents (for children in care) • collateral service providers • Band representative, other Native community representative or appropriate Aboriginal Child and Family Service Agency when the child is a Native person.

Standard (continued	A service plan minimally contains: • specific goals, objectives and tasks including persons responsible and time-frames for completion • specific planned level of contact by the child protection worker with the child who has been determined to be in need of protection, and his or her caregiver(s).
Intent	The intent of this standard is to emphasize the importance of the first month of ongoing child protection service, as it is the foundation for all subsequent casework decisions and activities (interventions). An effective use of self is required to engage families in Children's Aid Society and community support services. The collaborative, respectful assessment of underlying individual and family needs that are associated with safety threats or longer-term risk of maltreatment is balanced with an assessment of strengths and protective capacities that mitigate against risk. The resulting service plan guides all subsequent interventions that are designed to change the conditions or behaviours that cause risk to the child. The service plan is managed and reviewed continuously throughout the process of ongoing service provision. Family-centred conferencing is intended to engage the family and its support system in service planning and decision-making.
Outcomes	1. The child is safe from immediate safety threats. 2. The family understands the child protection concerns. 3. The family understands the outcome of their strengths and needs assessment. 4. The family, its relatives, extended family and community supports have participated in developing the service plan. 5. The family understands what they, their child protection worker and all others participating in the service plan will do to resolve the child protection concerns. 6. The family understands how progress will be measured.
Practice Notes (Not intended for measuring the level of agency performances	***Intensity of Service*** The ongoing child protection worker's level of contact with the family is generally highest during this phase of service.

Practice Notes (continued)

Review of the Existing Safety Plan

Because family systems are continually changing, the ongoing safety of the child is examined and reviewed on a continuous basis. By jointly reviewing the safety plan, the child protection worker and the family can discuss the plan's relevance and effectiveness. The process facilitates client engagement and allows the ongoing worker to assess:

- the family's level of insight regarding the child protection concerns
- the family's willingness and ability to follow through with a safety or service plan.

The child protection worker examines/reviews the existing safety plan to ensure its continued effectiveness considering:

- the level of participation and cooperation of the parties
- the effectiveness, suitability and dependability of providers
- whether the safety threats within the family are being managed
- to what extent the safety threats continue to be present
- whether protective capacities have been enhanced and are able to assure safety.

The Assessment Process

The Family and Child Strength and Needs Assessment is designed to assist the worker to identify the presence of caregiver and child strengths and resources as well as to identify the underlying needs of family members that are associated with safety threats or longer-term risk of maltreatment. It helps workers to systematically collect information and supports the development of a service plan that can target the areas of need. Through reassessments, the tool permits workers to assess changes in family functioning and the impact of service provision.

The process of assessment is an interactive one that includes all members of the family, extended family (when appropriate) and any community service providers who have been involved with the family in the past and present.

Over a period of sessions/meetings, the child protection worker engages the family in a dialogue, using the process of completing the Child and Family Strengths and Needs Assessment to help the family identify its strengths, problems and goals regarding change. The information gathered while completing the assessment is analyzed, and interpreted by the worker and reviewed with a supervisor.

The child protection worker formulates an assessment of the child and family by:

- explaining to the family the purpose and process of the assessment
- actively encouraging and engaging the family's participation in the process
- obtaining signed consents and gathering information from all relevant sources

Practice Notes (continued)

- ensuring that the information gathered includes all aspects of the family's circumstances including:
  - individual and family strengths
  - individual and family needs
  - resources available to the family
  - any additional risk factors.

Content of the Assessment

The worker gathers all information that can assist in formulating an accurate and comprehensive assessment of the child and family's strengths as well as any issues or risk factors that may affect child safety. This assessment serves as a baseline to help the family identify and make the important changes necessary to safely care for their children.

The assessment will also support the development of effective intervention strategies, and measurement of the family's progress. The assessment will include information provided by:

- Children's Aid Society files
- the family and extended family
- other persons living in the family home
- neighbours and/or community members involved with the family
- other persons or agencies providing services to the family
- the child protection worker's direct observation of the child and the family members
- findings that result from completing the Child and Family Strengths and Needs mandatory tool.

Analysis of the Assessment

The purpose of ongoing child protection services is to assist the family in making changes to behaviour(s) or condition(s) that have caused risk to a child, rather than to change the unique character o a family system. Prior to the worker and family developing specific interventions, there must be a complete and thorough examination and understanding of thefamily functioning that includes the family's strengths and needs.

The worker seeks to be holistic in his/her approach, obtaining knowledge and understanding of the child and family.This is done by considering the family's uniqueness, including ethnicity, cultue, religion, and relationship to the family's extended family and community.

The child protection worker uses the information gathered, plus the worker's direct observations of the family and he input from family members to create a thorough analysis of the information gthered. The worker shares this analysis with the family prior to or at the timeof the service plan process, and encourages full discussion.

Practice Notes (continued)

Explaining the Concept of Service Planning

The worker:

- explains and reviews the purpose and process for development of the Service Plan with the family
- emphasizes that this is the family's opportunity to "have its voice heard"
- explains and reviews with the family and other members of the conference that this is an opportunity for the family to contribute directly toward the goals and expected outcomes that will become embedded in the service plan.

The Service Planning Process

The process of completing the service plan includes an honest, open and clear discussion between the child protection worker and the family that results in the identification of specific goals, tasks and outcomes for the family to achieve. The service plan process provides a vehicle for sharing issues and looking for solutions. Together, the worker and the family identify intervention strategies and services that would assist in the reduction and/or elimination of risk, and would increase the safety and well-being of the child. The service plan also provides a way to measure the family's progress.

The child protection worker develops a service plan by:

- having the family participate in the service planning process
- assisting the family in identifying those individuals and/or community partners (including representatives chosen by the Band) whom they see as being a support to them and whom they would view as important participants in Service Plan discussion
- utilizing a form of "family-centred conferencing" as the means to bring all relevant participants together to discuss the goals and objectives
- carefully considering any and all solution-focused options put forth by the attendees at the service plan conference
- ensuring that family uniqueness is honoured and valued by customizing a Service Plan that matches the family's individual strengths and needs
- developing realistic, clear and measurable goals that are understood and agreed to by the child and family.

Family-Centred Conferencing

The child-focused and family-centred approach to service delivery is both a philosophy and a practice that supports active and meaningful participation of families in case planning and when service decisions are being made. Family-centred conferencing is rooted in the premise that family input in the design and provision of service is important and is valued. The philosophy recognizes that families are "experts" in knowing what interventions will be most supportive to them. It also believes that individuals within a family have strengths upon which they can draw as they work toward positive change that will influence and improve child safety as well as the family's overall well being.

Practice Notes (continued)

In keeping with the values of family-centred practice, various forms of conferencing including aboriginal healing traditions and talking circles are encouraged as techniques to ensure that the child protection worker and the family together actively participate in the development of the service plan. Such conferencing may also be used more generally at points throughout the duration of service. There is a wide range of family involvement models available to use when developing a service plan with the family. Within that range of options, it is important to select and implement the most appropriate conferencing choice.

Case conferencing enables the extended family, community and professionals to come together directly with the child and family to openly discuss concerns, identify strengths, and seek realistic solutions. These discussions result in a service plan that contains specific and deliberate expectations allowing progress to be measured.

The conferences should be used for situations requiring significant decisions in the life of a case, such as:

- the development of the initial service plan and for service plan reviews
- prior to a child coming into care on a planned basis or following a child coming into care on an unplanned basis
- prior to a child returning home from care
- any time a critical/significant decision is to be made about the child
- prior to court if there is a lack of agreement
- to address "stuck" issues
- prior to proceeding to formal alternative dispute resolution
- for alternative dispute resolution (e.g., Family Group Conferencing, Family Group Decision Making)
- prior to case closure.

It is anticipated that the vast majority of these conferences will be facilitated by the family's own worker, who invites the child, family and their chosen circle of support in regular service planning and review.

The level of complexity of a case will determine what type of family-centred conference will be most helpful based on the worker's clinical analysis. It is best practice to use a neutral facilitator in cases involving:

- high levels of conflict or volatility
- large complex family systems
- strained relationships between family members and agency workers
- complex situations (e.g., multi-generational abuse/neglect, sexual abuse, substance abuse, domestic violence, mental illness)
- extensive cultural or language differences between the worker and the family or within the family system.

Practice Notes (continued)	*Achieving Family Agreement* Although achieving the agreement of the family to the service plan significantly improves the chances of its successful implementation, it should be noted that the child protection worker will not endorse any plans that he/she does not feel would adequately address child safety simply for the sake of achieving agreement with the family.
Case-Specific Considerations (Not intended for measuring the level of agency performance)	*Domestic violence* Family-centred conferences should be used with great caution in domestic violence cases. The primary concern in these cases is safety. Lucy Salcido Carter in *Family Team Conferences in Domestic Violence Cases - Guidelines for Practice*[6] outlines the following potential risks of participation by the abuser in cases of violence against women: • The survivor may feel limited in what she can safely say. • The survivor may give up trying to get what she wants and needs. • The survivor may agree to plans that she knows will put her or her children in danger. • The abuser may try to manipulate the proceedings. • The abuser may retaliate after the family-centred conference. Lucy Salcido Carter suggests that if the domestic violence survivor does not want the service plan to be developed within the context of a family-centred conference, then the Children's Aid Society should not insist. Family-centred conferences conducted with the abuser present are for cases involving low to moderate risk of re-assault and occur at the request of the adult survivor to accomplish her goals for herself and her children. If either the facilitator or the adult survivor believes that it is too dangerous to conduct a family-centred conference with the abuser present, it should not be done. Lucy Salcido Carter outlines options that are available for abusers to participate in a family-centred conference without actually being present. These include: • Two separate conferences may be conducted, one with the adult survivor, her children and their support system if appropriate, and another with the abuser. • A service provider who has worked with the abuser may attend the conference as his representative and with his permission. • The abuser may write a letter responding to the questions being asked in the conference, to be read by his representative. • The abuser may videotape his response to the questions being asked in the conference, and inform the participants of his wishes. The child protection worker involves the domestic violence perpetrator in service planning in a manner that ensures the safety of the adult victim and the child.

Case-Specific Considerations (continued)	Although Lucy Salcido Carter's guidelines were developed with reference to violence against women situations, these guidelines should be considered in all cases where children are exposed to violence in their homes, including bi-directional partner violence that occurs between partners, either of who may be the instigator. (Refer to definition on pages 11-12).
References	*CFSA*, section 105 (Plan of Care) 6. Salcido Carter, Lucy. *Family Team Conferences in Domestic Violence Cases - Guidelines for Practice*, Second Edition. San Francisco: The Family Violence Prevention Fund, 2003. 7. Brittain, C & Esquibel Hunt D, *Helping in Child Protective Services - A Competency-Based Casework Handbook*, second edition, Oxford University Press, 2004.
Definitions	*"Change in Family Circumstance"* An alteration to, or modification of, the situation in which the family normally exists. Examples: • A new person has entered or departed from the family household. • The abrupt or unplanned withdrawal of services by service providers that were identified as part of the existing Service Plan. *Child-Focused Family-Centred Practice* Practices that support the safety, permanency, and well-being of children while meeting the needs of their families. *Condition* The circumstances or state of being in which the family currently exists. *Goal* A goal articulates in broad terms, the desired child welfare outcome for safety, permanency and well-being. The case goals direct the specific case objectives and tasks that are the components of the service plan. *Objective* An objective is more specific than a goal and is what must be done in order to achieve the desired goal. An objective should: • be directly related to the issue that is to be changed or corrected • be stated in positive terms - describe what the family member will do rather than what the family member is not to do • be stated in behavioural terms using action verbs (what the family member will do)

Definitions (continued)

- be time limited
- be stated in a way that is understandable to the client
- avoid words that do not specifically state an end result
- have criteria by which you can measure criteria

Parent

For the purposes of the Family and Child Strengths and Needs Assessment a parent is a person who:

- is a biological or adoptive parent
- is a person who under a written agreement or court order has custody of the child
- is a person who has demonstrated a settled intention to treat the child as a child of his or her own family in the 12 months prior to child welfare intervention
- is a person who has demonstrated a settled intention to treat the child as a child of his or her own family and who has a meaningful and beneficial relationship with the child.

Protective Factors

Circumstances or people that lessen the danger to the child (e.g., person who is suspected of endangering the child is out of the home; parent was not previously aware of concerns and is now prepared to protect child; there is another person who will protect the child)

Resilience

The capacity to readily recover from a shock, depression, or negative circumstances.

Tasks

Tasks are specific, incremental activities designed to move family members toward their service plan objectives. Criteria for stating task assignment are:

- include clearly stated activities that must be performed
- state who in the family will be involved or responsible for each task
- indicate which tasks are the responsibility of the child protection worker or the responsibility of a community service provider
- include time frames for beginning and ending each activity
- sequence the tasks so that they don't all begin and end at the same time
- partialize tasks that require multiple steps

Transfer of Worker

A new or different worker is assigned by the Society to assume responsibility for management of the family's case on an ongoing basis.

STANDARD #10. CASE MANAGEMENT: INTERVENING WITH FAMILIES	

Standard	Following the development of the service plan, the next phase of ongoing child protection service is known as case management. During this phase, the service plan is implemented and managed. The worker continually evaluates progress in achieving goals and objectives and may need to adjust the plan to better meet the unique needs of the child and family as they emerge over time or circumstances. The role of the worker is to:
	
	• meet with the family regularly and directly provide service to the family to support the achievement of identified goals and outcomes
	• respond to any planned or unplanned changes or circumstances
	• initiate a court application when required
	• prepare the family for participation in services
	• arrange, coordinate and monitor contracted or community services
	• assess the appropriateness of services
	• assure that the focus on goals and outcomes is maintained
	• facilitate communication amongst service providers
	• evaluate progress toward achieving goals and outcomes
	• develop and implement a concurrent plan if the prognosis for a child's reunification with his or her parent/primary caregiver is poor.
	
	The minimum standard for direct contact with families in their home is once per month. Cases with a high or very high risk rating, or where a safety plan is being managed and the child continues to reside in the home, should receive more intensive service (frequency of visits). The child victim is interviewed privately either at home or in another setting. Non-verbal children are directly observed in their own home environment and particularly as they interact with their parent/caregiver.
	
	Unannounced visits may be required when:
	
	• the worker needs to determine whether or not the perpetrator is in the home
	• it is not possible to contact the family to arrange an appointment
	• it is necessary to assess the child's living conditions without the family having the opportunity to modify any of its usual conditions.
	
	Evaluating progress is a continuous process that occurs during each interaction that the worker has with the family. **Formal case evaluation or review** takes place every six (6) months following the development of the initial service plan. The formal review requires completion of the following assessments:
	
	• a reassessment of risk of future maltreatment **or** if at least one child is in out-of-home care a reunification assessment including:
	  • a reassessment of risk
	  • an assessment of the quality and frequency of access
	  • an assessment of safety of the environment to which the child is being returned

Standard (continued)

- the need for reunification efforts or an alternate permanent plan
- an assessment of the child and family's strengths and needs
- relevant supplementary screening tools.

During or following the completion of all required assessments, the worker collects information from all service providers regarding the family's progress toward achieving service plan goals.

The review/reassessment process culminates in a formal **service plan review** every six (6) months from the date on which the initial service plan was completed. The review occurs within the context of a family-centred conference which involves all family members and their support persons who participated in the service plan, including other service providers whenever possible. The unavailability of other service providers will not delay the service plan review. Information collected from them by the child protection worker regarding the family's progress will be reviewed in the conference.

A service plan is also reviewed and revised when the reunification tools have been completed and the child will or has been reunited with his or her family.

Case Review or Termination Documentation

- the risk reassessment or the reunification assessment
- the assessment of the child and family's strengths and needs
- any other supplementary tools that were administered
- a case summary containing the following:
  - a summary of the significant case events including new child protection investigations conducted during the review period and the verification decision and rationale
  - a summary of child welfare court activity (if applicable).
- an analysis of outcomes of all assessments, significant case events and review of the last service plan that results in conclusions or decisions about:
  - the family's progress or lack of progress in achieving goals, objectives and tasks contained in the last service plan
  - changes that have occurred involving the most critical risk factors identified during the initial investigation
  - the quality of service implementation, appropriateness of services, any barriers to service provision and the family's participation in services
  - the extent to which a positive support network (formal and informal) is present and being used by the family
  - the prognosis for change over the next review period
  - the prognosis for reunification (if child is in out-of-home care)
  - the continued need for ongoing child protection services **OR**
  - reason for termination of child protection service
- a new service plan or the plan developed with the family, outlining the family's plan for accessing resources/supports/services if new needs begin to emerge in future following termination of child protection services

Standard (continued)

- updated reason for service rating indicating the reason for ongoing child protection service
- supervisor's signature indicating approval of the services provided and decisions made [within seven (7) days of completion of the investigation].

Concurrent Planning

At the time of the first formal review and all subsequent reviews following a child being placed in out-of-home care, it is critical to consider what the prognosis is for the family to achieve reunification. If the issues, problems and needs are significant, the family has made little or no progress in achieving its goals/objectives and the prognosis is poor, a concurrent service plan is developed with the family. A reunification assessment guides these decisions.

It is important to involve all interested extended family members, relatives or other family support persons including a representative chosen by the Band, who may ultimately become the child's permanent caregiver. The worker should conduct a thorough, continuous search for persons who may commit to participation in a permanent plan for the child. Wherever possible, the child should be placed with a family who is willing to work cooperatively with the child's parent/primary caregiver toward reunification but is also willing to become the child's permanent family if needed.

New Referral regarding a Case Receiving Children's Aid Society Service

All information received by a Children's Aid Society with concerns about a child is considered to be a potential referral. A report that a child may be in need of protection is given an immediate initial assessment by the family's ongoing child protection worker and a referral disposition decision is made. Standard #2 applies in decision-making regarding the initiation of a child protection investigation when a new, previously unknown incident or condition is reported.

New information about a known incident or condition that may provide additional information about a child and family's strengths and needs does not require an investigation. It is discussed with the family at the next possible opportunity as part of the ongoing assessment process, and integrated in the reassessment at the time of the next formal review.

When a child protection investigation is conducted on a case receiving Children's Aid Society service, the worker completes:

- a safety assessment
- a risk assessment
- the verification decision with the rationale
- an enhanced service plan (if required).

* At the investigative phase of service, only one risk assessment is required which considers information obtained as a result of multiple referrals and/or investigations.

All information obtained during the investigation is recorded in case notes. An enhanced service plan is only completed when new risk factors have emerged.

Standard (continued)	The current service plan is enhanced to specifically manage these new risk factors until the next regularly scheduled service plan review. The information obtained during the investigation, and the verification decision are integrated in the summary of significant case events, and considered as part of the assessment of the child and family's strengths and needs and the overall analysis of the case at the time of the next regularly scheduled (six month) case review. **Reviews, Consultations or Approvals by the Supervisor** Every ongoing child protection case is reviewed within the context of a regularly scheduled supervision session minimally once every six weeks. Cases with a higher degree of risk or complexity are reviewed more often.
Intent	The intent of this standard is to describe the role of the ongoing child protection worker and the tasks that the worker completes in fulfilling this role. The emphasis is on the continuous focus on goals, outcomes and the child's need for a safe, stable, reliable and permanent placement.
Outcomes	1. The child and family receive services identified in the service plan. 2. The family makes progress toward achieving its goals/objectives. 3. Risk of child maltreatment is reduced. 4. The child's ties to family, culture, religion are maintained via involvement of extended family, relatives or members of his or her community. 5. The child who is in out-of-home care achieves permanency in a timely manner.
Practice Notes (Not intended for measuring the level of agency performance)	*Direct vs. Indirect Service Provision* The child protection worker provides direct service each time that he/she interacts with the family. In addition the worker provides indirect service by helping the family to access the services that were identified as being required in the service plan. The worker needs to have a good knowledge of the family's community and services or resources that are available. *Managing and Reviewing the Service Plan* Managing the service plan involves continuous, purposeful and focused discussion with the family members. The family's ability and willingness to follow the action plan and meet the goals laid out in the service plan may vary from time to time. It is important for the child protection worker and family to have honest and open dialogue when this occurs. It may be that the service plan requires adjustment to better "fit" the relevance and/or needs of the child and family circumstance at a particular time.

Practice Notes (continued)	The child protection worker will review the service plan with the family on a regular basis to assess the family's progress. Together the worker and the family will: • identify the goals that have been achieved • determine which (if any) any of those achieved goals continue to be relevant, and should therefore be retained in the plan • identify the goals that remain incomplete • determine which of the outstanding goals remain relevant and require completion • determine which of the outstanding goals require modification • determine which of the outstanding goals (if any) can be discontinued because they are no longer relevant • identify any new goals that should be added to the service plan • write down the revised set of goals, and obtain the agreement of the family to this list wherever possible • determine the specific formal and/or informal supports or services that are required to assist the family in achieving the revised list of mutually determined goals • determine whether or not those supports/services can be accessed by/for the family • review with the family the effectiveness of other service providers and their impact to date related to any change both positive and negative regarding the family • on that basis, identify existing, additional, or new supports or services that will continue to be, or will become, part of the service plan. The child protection worker keeps the family and all other participants in the service plan informed of any changes to the service plan. Doing so will ensure that all the participants in the service plan clearly understand the common goals and objectives of the plan, and what is expected of each participant.
References	*CFSA*, section 1 (2), subsection 3 (Participation of child's family, extended family and community in children's services.)
Definitions	*Concurrent Planning* The process of working with a family toward reunification, while simultaneously establishing an alternative permanent plan for the child. Parents are actively encouraged and assisted in working toward reunification, but the worker is also engaged in tasks that establish a suitable permanent family for a child in the event that the goal of reunification is not achieved. Tasks related to both plans are accomplished by the worker simultaneously, not sequentially. *Enhanced Service Plan* The current service plan to which have been added additional goals and tasks/activities to specifically manage new, previously unknown risk factors until the next regularly-scheduled service plan review

STANDARD #11. CASE CLOSURE

Standard	A child protection case is closed when: • child protection concerns have been successfully resolved, such that the child is no longer at risk • factors beyond the control of the Children's Aid Society require the case to be closed. Before closing a case, the child protection worker reviews the case with the family, collateral service providers, and a supervisor. At a minimum, the following criteria must be met: • There have been no recent occurrences of abuse or maltreatment. • There is no evidence of current or imminent safety threats. • A recent Risk Reassessment confirms that factors that were identified as contributing toward risk in the earlier risk assessment/ risk reassessment documents no longer exist, or have been reduced significantly enough that they no longer pose direct safety and/or child well-being concerns. Other important factors that should be present at the time of termination of service include: • The family has demonstrated specific and measurable behavioural improvements in the areas identified in the service plan. • The child protection worker has observed and has documented evidence of these improvements. • The family has demonstrated the ability to access and use formal and informal resources to assist them in problem solving. • Family members state that they are ready and able to resume parenting without Children's Aid Society support. Sometimes the Children's Aid Society may need to close a case, even though the above criteria have not been met. Reasons for such closures include the following: • There is no legal basis for continuing to provide mandatory Children's Aid Society service and the family is refusing voluntary involvement with Children's Aid Society. • A permanent plan has been achieved for the child and no other children are being cared for in the home. • The family has moved to another jurisdiction and another worker is now providing service. • The court has ordered the case to be closed. • The family cannot be located despite the worker having attempted and exhausted all options reasonably available (record checks, provincial database).

Standard (continued)	Prior to termination of child protection services, the child protection worker and the family develop a plan for accessing services in the community to meet individual or family needs before the risk of subsequent maltreatment becomes escalated. The plan is documented and the family receives a copy. In addition, the child protection worker informs collateral agencies of the intended case closure and the date on which the closure will take place. The decision to terminate provision of child protection services is reviewed with and approved by a supervisor, within the context of a case review during a regularly scheduled supervisory session. Case closure documentation (see Standard #10 - "Case Review Documentation") covering the period from the date of the last case review to the date of service termination is required when closing a case. If the most recent service plan was focused on working with the family towards case closure, and the termination of service to the family (last contact with the family) occurs within 3 months of the service plan, it is not necessary to complete a new assessment of the child and family's strengths and needs, unless that assessment does not accurately reflect the family's current functioning. No clinical assessments are required when closing a file under the following circumstances: • A permanent alternate plan has been achieved for the child and no other children are being cared for in the home. • The family cannot be located despite the worker having attempted and exhausted all options reasonably available (record checks, provincial database). Termination recording is completed within three (3)weeks of the termination meeting with the child and family, or at the time of the next regularly scheduled case review, whichever comes first and is approved by the supervisor and closed on the agency database within seven (7) days of receipt of the documentation.
Intent	The intent of this Standard is to ensure that the decision to terminate child protection services emerges from a case evaluation and is based on observable changes in behaviour and family functioning indicative of low risk of future maltreatment, the achievement of goals and objectives, and the family having demonstrated the ability to access and use resources to assist them in problem solving. The standard emphasizes that service termination is a carefully planned process of transition in which the Children's Aid Society gradually decreases the intensity of its interventions, and the family gradually assumes full responsibility for the safety and well-being of its children.

Outcomes	1. The family has demonstrated it can assume full responsibility for the safety and well-being of its children with increasingly less child protection service. 2. The family is aware of how to identify a need for services in the future and knows whom to contact to access these services. 3. Families seek services in the community prior to reoccurrences of child maltreatment. 4. Families contact the Children's Aid Society for "community link" services to meet their needs before child protection services are required. 5. Families requiring repeated child protection services refer themselves.
Practice Notes (Not intended for measuring the level of agency performance)	***Introduction*** Closing a case is the final step in the continuum of child welfare service provision that began with the investigation of an allegation that a child was in need of protection. Ideally, the child protection worker and the family together make the decision to close the case when the family has successfully eliminated or adequately reduced risk to the child's safety and well-being. ***Indicators of Family Readiness for Closure*** When the child protection worker is considering whether or not to close the case, the following are some indications that the family may be ready to manage on its own: • The caregiver has been able to develop and now uses positive/acceptable strategies to address and manage child behaviours. • The family has been able to demonstrate that family members have learned and integrated appropriate coping and problem solving strategies. • The parent has the skills to be, and sees the value in being, proactive in seeking assistance. ***Advantages of Involving the Family in Discussions of Case Closure*** • The family may more clearly understand that their efforts toward achieving goals will result in their improved capacity to care for and provide a safe home for their child. • Because the family has an opportunity to contribute to the "how" and "when" case closure will occur, there may be a higher probability that the family will be able to sustain the improvements it has achieved. • Working together in the closure process may improve client confidence that the family will be able to respond to any future stresses or crisis that will arise. This may result in a reduction in the need for the family to receive services from the Children's Aid Society in future, or an increased likelihood that the family will contact the Children's Aid Society and self refer earlier, on a preventive basis, because they see Children's Aid Society to be helpful.

Practice Notes (continued)	• The case closure process is an opportunity for the family and the child protection worker to reflect together on their successes and achievements. *Advantages of Involving the Worker's Supervisor in Discussions of Case Closure* • Review of the case with the supervisor allows for an objective review of the child protection worker's recommendation, and ensures that there are no aspects of the situation that are being overlooked. • The supervisor may be able to help strategize to ensure that the family has access to ongoing community supports. *Advantages of Involving Collateral Agencies in Discussions of Case Closure* • There is an opportunity to discuss and clarify the future role and working relationships that community service providers will have with the family. • Where formal service providers are expecting to reduce their involvement with the family, there is an opportunity to identify any problems that might arise, and strategize accordingly before the service is withdrawn. • If collateral agencies, when informed of the plan to close the case, express no child protection concerns, their reaction may be seen as validation of the child protection worker's decision. • If collateral agencies, when informed of the plan to close the case, do express child protection concerns, the child protection worker has the opportunity to reconsider the decision, and/or to strategize as to how to mitigate these concerns.
References	*CFSA*, section 64 (Court Review of Status) *CFSA*, section 70 (Time Limit on Society Wardship)
Definitions	

STANDARD #12. SUPERVISION

Standard	This standard articulates the minimum requirements with respect to supervisory review and approval of casework decisions. The child protection worker is the case manager and has the most direct knowledge of the family. Thus, it is not intended that every casework decision is made with a supervisor. However, any decision that affects the safety or permanency of a child is made in consultation with, or reviewed and/or approved by a supervisor prior to implementation. All case-specific content discussed with a supervisor (including reviews and approvals or decisions and the rationale for them) is documented in case notes by the worker. All cases are reviewed with a supervisor on an ongoing basis within the context of a regularly scheduled supervision session: • at least once every month during an investigation • minimally once every six weeks while the case is receiving ongoing child protection services • prior to case closure or investigation discontinuation. Cases with a higher degree of risk or complexity are reviewed more often. Some supervisory reviews/consultation are optional and are made on a case-by-case basis. These include: • The review of the disposition of a referral and response time decisions is at the discretion of the worker and/or supervisor, based on the level of knowledge and skill of the worker, and the risk and complexity of the referral. • The review of the investigative plan by a supervisor is, at the discretion of the worker and/or the supervisor, based on the level of knowledge and skill of the worker, and the risk and complexity of the case. The following decisions are reviewed with and/or approved by the supervisor: • Investigation discontinuations that occur prior to first face-to-face contact with the family • The worker safety plan (when required) is *reviewed prior to* commencing the investigation. • The adequacy of every new or revised family safety plan is assessed by the supervisor and *approved prior to its implementation.* • When no safety factors or concerns are present, the safety assessment is reviewed with the supervisor on the next working day. • The verification decision, decision about whether a child is in need of protection, the case disposition decision and the "services completed" decision are reviewed within the context of a regularly scheduled supervision session prior to the completion of the investigation. This process consists of a comprehensive case review and analysis including:

Standard (continued)	• referral information • steps taken during the investigation • all relevant information obtained during the investigation • results of the safety assessment and safety plan and the risk assessment. Furthermore a supervisor approves: • departures from *Child Protection Standards*, agency policies and procedures, and protocols, including extensions of time frames • overrides on the risk assessment • placement of a child in out-of-home care with extended family or community members (in or out of care) or in a Children's Aid Society placement. The supervisor also provides ad hoc consultation or authorizes decisions when decisions are required to be made quickly to ensure the immediate safety of a child. The supervisor's signature on case documentation submitted by the worker at the conclusion of an investigation, a formal case review, case transfer or case termination indicates approval of: • the thoroughness, accuracy and quality of the investigation or quality and effectiveness of ongoing services (including compliance with relevant standards, policies and procedures and protocols) • the accuracy of the worker's assessment of safety and risk and the appropriateness of associated decisions and plans • casework decision-making (effective, timely, appropriate) • the quality of written documentation.
Intent	The intent of this standard is to: • provide a structured, guided and collaborative process of case decision making • provide a range of supervisory involvement in decision-making, case review and approval whereby oversight is matched with the level of risk and complexity of the case, as well as the level of knowledge and skill of the child protection worker • support casework decisions being made within the context of an appropriate level of knowledge, skill and objectivity • ensure an appropriate level of accountability for the quality of service provided, and supporting documentation.

Outcomes	1. Casework decisions are objective and support the safety and well-being of the child. 2. Children and families receive a high quality child protection service, in accordance with relevant standards, policies, procedures and protocols. 3. Departures from standards, policies, procedures and protocols result in increased safety for the child and/or better meet the unique needs of the child and family. 4. Case documentation is timely, thorough, and accurate. Documentation accurately reflects information obtained about families, assessments and decisions (including the rationale).
Practice Notes (Not intended for measuring the level of agency performance)	*The Role of the Supervisor in Supervision* Child protection service is a very complex process involving the collection, synthesis and analysis of vast amounts of information that can often be overwhelming. Decisions which result from this process have a direct impact on children and families. Supervision is fundamental in this process and impacts the quality of service provision to children and families. While casework decisions are guided by the use of clinical tools specifically designed to assist in making different decisions throughout the casework process, the supervisor supports and facilitates the investigation or ongoing service through a regularly scheduled supervisory process of collaborative case review, analysis and decision-making, as well as feedback, guidance, direction and coaching. In addition, the supervisor's role is one of accountability and quality assurance. The supervisor monitors the quality of the investigation and its components or the quality of ongoing service provision, as well as compliance with relevant standards, policies and procedures, and protocols. The frequency and type of consultation required (which may exceed the standard but not fall below it) is based on an assessment of the level of knowledge and skill of the worker, as well as the complexity and level of risk of the case. As a general rule, higher risk cases are reviewed more frequently. The worker may seek consultation with a supervisor at any time that a decision is complex, and has impact on a child's safety or permanence. *The Process of Clinical Supervision* Case consultations occur during regularly scheduled, private and uninterrupted supervision meetings between the worker and the supervisor. This provides for adequate preparation, structure and consistency of the sessions. Clinical supervision is focused on case-specific information that is relevant to making casework decisions and worker-specific issues that are related to the provision of effective child protection service. The ability of the worker to engage the client and the quality of the rapport or helping relationship between the worker and client are brought into focus during case-specific discussions, as is the issue of an appropriate use of authority inherent in the child protection worker's role.

Practice Notes (continued)

Child protection workers deal with personally challenging, emotionally charged issues and circumstances. Their values and beliefs or unresolved personal issues can affect how they feel about, interact with, or respond to clients, and most importantly can impact on their abilities to make decisions objectively. Supervisors assist workers in assessing how their values, beliefs and life experiences may be impacting on their interactions with clients and on their ability to engage clients effectively. The supervisor continually reviews, evaluates, and coaches by providing feedback, guidance and direction.

The worker prepares for supervision by reviewing the case information and formulating a recommended course of action. The focus of discussion during supervision is on the rationale for decisions that are being recommended by the worker. The process of formulating a recommended course of action may occur collaboratively with a supervisor when the worker does not possess adequate knowledge and/or skill specific to child protection and/or sufficient analytical/reasoning skills. The supervisor in this case has a more directive and educational role.

Casework activities that are the focus of clinical supervision include:

- the ability of the worker to engage the family and the quality of the relationship
- the appropriate use of authority
- the accuracy of the Safety, Risk and Family Assessments and associated decisions and plans
- the process of development of the service plan with the family and whether the family has been integrally involved
- the appropriateness of services and interventions in addressing the unique needs of the child and family
- the review of progress and outcomes being achieved.

Ad Hoc Case Consultation

Unscheduled ad hoc consultations may be necessary when decisions need to be made on an urgent basis in order to secure the safety of a child. There are, however, disadvantages to relying too heavily on this approach. There is generally little time to prepare for them and they can be hurried and unstructured. In addition, decisions may be made without sufficient time to consider alternatives carefully.

References

7. "Ad Hoc." *Merriam-Webster's Dictionary of Law*, 1996.

8. "Accountability." Office of the Auditor General of Canada and the Treasury Board Secretariat. *Modernizing Accountability Practices in the Public Sector, Discussion Draft*. Ottawa, Canada, 1998.

DEFINITIONS

Abuse	A child in need of protection under *CFSA* sections 37(2) (a), (c), (e), (f), (f.1), or (h).
Accountability[8]	Within the context of child welfare practice accountability is performance-based, whereby it is "a relationship based on the obligation to demonstrate and take responsibility for performance in light of agreed expectations." It is the readiness or preparedness to give an explanation or rationale for one's professional judgement, acts and omissions when appropriately called upon to do so. Being accountable is not the same as being culpable (blameworthy). Performance-based accountability is a welcomed and essential dimension of professionalism, as it can lead to change in light of improved understanding gained from others. The Office of the Auditor General of Canada and the Treasury Board Secretariat outline the following indicators of effective accountability: 1. Clarity of roles and responsibilities 2. Clarity of performance expectations 3. Balance of expectations and capacities 4. Credibility of reporting 5. Reasonableness of review and adjustment
Ad Hoc	1: concerned with a particular end or purpose 2: formed or used for specific or immediate problems or needs.
Case Consultation	A one-on-one conversation between the worker and supervisor, usually elicited by the worker, that involves a full or partial review of factors regarding a case or situation that results in a collaborative case decision.
Case Review	A one-on-one conversation that usually involves the worker describing to the supervisor the major events and factors regarding a case or situation, and specifically the information that led to casework decisions.
Change in Family Circumstance	An alteration to, or modification of, the situation in which the family normally exists. Examples: • A new person has entered or departed from the family household. • The abrupt or unplanned withdrawal of services by service providers that were identified as part of the existing Service Plan.
Child-Focused Family-Centred Practice	Practices that support the safety, permanency, and well-being of children while meeting the needs of their families.

Child's Community

- A person who has ethnic, cultural or religious ties in common with the child or with a parent, sibling or relative of the child.
- A person who has a beneficial and meaningful relationship with the child or with a parent, sibling or relative of the child.

[*CFSA*, s.3 (3)]

Clinical Supervision

Regularly scheduled, private and uninterrupted meetings between the worker and the supervisor, which focus on the actions and decisions of the worker and the worker's application of knowledge, skill, method and instruments to assess, treat, and reduce the risk of child maltreatment in providing services to clients.

Closed Case

A child protection file in which termination documentation has been approved by the supervisor and that has subsequently been closed on the agency database.

Community Caregiver

Anyone providing care to a child in an out-of-home setting. For the purposes of these standards, there are two categories of community caregivers:

Community Caregivers in Family-Based, Out-of-Home Settings

Any child care setting that is within the context of a family, such as:

- homes of babysitters
- Foster Homes
- Kinship Care/Service homes
- Day Care homes
- Customary Care Homes.

Community Caregivers in Institutional Out-of-Home Settings

Any non-family-based setting such as:

- Day Care Centres
- Group Homes
- schools (and other school facilities such as a school bus)
- religious organizations and institutions
- sporting, cultural or recreational organizations.

Concurrent Planning

The process of working with a family toward reunification, while simultaneously establishing an alternative permanent plan for the child. Parents are actively encouraged and assisted in working toward reunification, but the worker is also engaged in tasks that establish a suitable permanent family for a child in the event that the goal of reunification is not achieved. Tasks related to both plans are accomplished by the worker simultaneously, not sequentially.

Condition	The circumstances or state of being in which the family currently exists.
Differential Response	Differential response is a method of service delivery - a system of alternatives/options determined by the type and severity of maltreatment. A traditional forensic investigation is used for extremely severe situations and a less adversarial; more customized response is provided to moderate and lower-risk situations. Differential response models emphasize a stronger reliance on extended family and community service supports (a widening of the family's circle of support).
Domestic Violence	For the purposes of these standards, domestic violence in defined as: Conflict characterized by violent or abusive behaviours, which occurs within the child's home environment. Domestic violence includes but is not limited to partner violence. The violence occurs between the child's parent/primary caregiver and any other adult who resides in or frequents the home. This may include the mother's partner, adult relative, boarder, or anyone else who has a relationship with the family. The frequency and severity (intensity) of violence can range from homicide or a single very serious incident resulting in injuries that require hospitalization, to a pattern of less serious physical violence (e.g., slapping, pushing) and/or a pattern of verbal abuse, threats of harm or criminal harassment.
Enhanced Service Plan	The current Service Plan to which have been added additional goals and tasks/activities to specifically manage new, previously unknown risk factors until the next regularly-scheduled Service Plan review.
Extended Family	Persons to whom a child is related by blood, through a spousal relationship or through adoption and, in the case of a child who is an Indian or Native person, includes any member of the child's Band or Native community. [*CFSA*, s.3 (1)]
Goal	A goal articulates in broad terms, the desired child welfare outcome for safety, permanency and well-being. The case goals direct the specific case objectives and tasks that are the components of the service plan.
Inconclusive	Critical information necessary for establishing the probability that abuse or neglect occurred or did not occur, cannot be obtained. This case finding does not mean that the worker has determined that abuse or neglect did not occur, but rather that a lack of information makes it impossible to establish a balance of probabilities that abuse/neglect occurred or did not.

Not Verified

A decision that, on the balance of probabilities:

- it is not "more probable than not" that the harm or risk of harm has occurred, currently exists, or is likely to occur
- evidence gathered lends weight to the belief that abuse or neglect did not occur

Objective

An objective is more specific than a goal and is what must be done in order to achieve the desired goal. An objective should:

- be directly related to the issue that is to be changed or corrected
- be stated in positive terms – describe what the family member will do rather than what the family member is not to do
- be stated in behavioural terms using action verbs (what the family member will do)
- be time limited
- be stated in a way that is understandable to the client
- avoid words that do not specifically state an end result
- have criteria by which you can measure achievement

Out-of-Home Care

Out-of-home settings are situations where the child is being cared for by a substitute caregiver outside of his or her usual place of residence.

Parent

For the purposes of the Family and Child Strengths and Needs Assessment a parent is a person who:

- is a biological or adoptive parent
- is a person who under a written agreement or court order has custody of the child
- is a person who has demonstrated a settled intention to treat the child as a child of his or her own family in the 12 months prior to child welfare intervention
- is a person who has demonstrated a settled intention to treat the child as a child of his or her own family and who has a meaningful and beneficial relationship with the child.

Partner Violence

Domestic violence literature has identified two forms of partner violence. One form, commonly called "woman abuse" is predominantly perpetrated by men and experienced by women. It is motivated by a need to control and is characterized by progressively more frequent and severe physical violence and/or emotional abuse, economic subordination, threats, isolation and other forms of control. Domestic violence which occurs between partners either of whom may be the instigator (bi-directional) is more prevalent. It generally occurs in the form of marital conflict as a result of stresses experienced by families in general. It can involve a pattern of intermittent verbal altercations and/or sporadic occurrences of relatively minor physical violence.

Protective Capacities	Factors or resources within the family that can or do promote the child's safety. The literature[5] on protective factors groups them into three general categories: individual characteristics, family characteristics, and supportive significant others. • Individual characteristics include attributes such as self-sufficiency, high self esteem, and altruism. • Family characteristics include supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of supports in times of stress. Community supports refers to supportive relationships with people and/or organizations external to the family. These external supports provide positive and supportive feedback to the child and reinforce and reward the child's positive coping abilities.
Protective Factors	Circumstances or people that lessen the danger to the child (e.g., person who is suspected of endangering the child is out of the home; parent was not previously aware of concerns and is now prepared to protect child; there is another person who will protect the child).
Relative (with respect to a child)	A person who is the child's grandparent, great-uncle, great-aunt, uncle or aunt, whether by blood, through a spousal relationship or through adoption; ("parent") [*CFSA*, s.3 (1)]
Resilience	The capacity to readily recover from a shock, depression, or negative circumstances.
Risk	An estimation of the likelihood of future child maltreatment due to family characteristics, behaviour or functioning and/or environmental conditions. Risk of maltreatment exists on a continuum from low to high risk. Some risk of maltreatment is present in every family even if it is very low. Child protection services are required when the risk of future maltreatment is more likely than not.
"Services Completed"	The status of a child protection case determined during a formal case review with the supervisor, whereby all of the criteria for concluding an investigation have been met and no further service (additional investigative steps) is required.

Safety Plan

Where imminent risk of harm to a child is present, the worker then considers what interventions are needed to mitigate or neutralize the risk to the child.

After considering the immediate safety and interventions, the process leads to a Safety Plan.

Tasks

Tasks are specific, incremental activities designed to move family members toward their service plan objectives. Criteria for stating task assignment are:

- include clearly stated activities that must be performed
- state who in the family will be involved or responsible for each task
- indicate which tasks are the responsibility of the child protection worker or the responsibility of a community service provider
- include time frames for beginning and ending each activity
- sequence the tasks so that they don't all begin and end at the same time partialize tasks that require multiple steps.

Transfer of Worker

A new or different worker is assigned by the Society to assume responsibility for management of the family's case on an ongoing basis.

Verified

A decision that, on the balance of probabilities, it is more probable than not that the harm or risk of harm has occurred, currently exists, or is likely to occur.

Vulnerability

The degree to which the child is susceptible to suffering more severe consequences is based on:

- age
- health
- size
- mobility
- visibility
- social/emotional state
- access to individuals who can provide protection

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